

Case# F. 11409
VSP# 1030673
J. Klein
Non Compliance To Stipulated Agreement
Exhibit 10

Exhibit

#

10

Virginia Dept of Corrections Legal Update Sheet
Virginia State Police Criminal Record

VIRGINIA DEPARTMENT OF CORRECTIONS

OSC-105

Legal Update

SHUB-3

DOC #: 1080673	Offender: Lucas, Casel Frank	Date: 07/31/2020		
Status: Active	Location: Haynesville Correctional Center	Page: 1 of 1		
Current Class Level: 1		CRD: 02/25/1999		
Total Sentence:	42 Years	6 Months	0 Days	Parole Violations: 0

Projected Dates

Discretionary Parole Eligibility: 02/04/2021
 Mandatory Parole Release: 07/06/2026
 Good Time Release: 11/04/2026
 Adjusted Discharge: 30 days applied to MPRD

The projected dates are based on the assumption that the offender will continue to earn good time at the present earning level and will not have earned good time taken from the offender as a result of misbehavior. Loss of earned good time, a change in good time earning level, or any other event that impacts the service of the total sentence may cause the projected dates to change.

Events listed below may impact the projected dates of eligibility and/or release since the last Legal Update dated 11/13/2009

<u>Date</u>	<u>Description</u>
12/03/1996 to 03/18/1997	Detention Jail Credit: Arlington County Detention Center; Initial Jail Credit 105 Days
03/18/1997 to 12/24/1997	Detention Jail Credit: Alexandria City Jail; Initial Jail Credit 281 Days
12/17/1998	Sentence: Alexandria Circuit - Docket: 95-593 Offense: Robbery{NCIC-1200} Offense Date: 07/04/1995 Good Time System: Earned Sentence Credit Revoked; Original Date of Judgment: 06/06/1996 ConvConcurrent; Straight Imposed: 3 Years 6 Months 0 Days Comments: 95-593/CONC. W/98-463
07/31/2020	Memo: Available credit for period 12/3/1996 to 3/18/1997 from Arlington County Detention Center and for period 3/18/1997 to 12/24/1997 from Alexandria City Jail are applied to this record from a prior VDOC custody period, CRD 11/18/1997, during which time subject was held for the same offenses calculated under this current confinement period.
07/31/2020	Memo: Upon an audit of the record, it was determined that case number 95-593 should have been reflected as a 3yr 6mos concurrent sentence. This update corrects and reflects.

VIRGINIA DEPARTMENT OF CORRECTIONS

OSC-106

Sentence Summary

DOC #: 1080673	Offender: Lucas, Casel Frank	Print Date: 08/07/2020
Status: Active	Location: Haynesville Correctional Center	Page: 2 of 3
<u>Date of Judgment</u>	<u>Sentence Description</u>	
12/17/1998	Alexandria Circuit - Docket: Offense: Statutory Burglary{NCIC-2210} Offense Date: 05/28/1994 Good Time System: Good Conduct Allowance Revoked; Original Date of Judgment: 04/11/1995 Consecutive; Straight Felony Term Indicator: 2 Imposed: 5 Years 0 Months 0 Days Comments: 94-575-00	
12/17/1998	Alexandria Circuit - Docket: Offense: Larc-Grand{NCIC-2320} Offense Date: 05/28/1994 Good Time System: Good Conduct Allowance Revoked; Original Date of Judgment: 11/15/1994 ConvConcurrent; Straight Felony Term Indicator: 2 Imposed: 5 Years 0 Months 0 Days Comments: 94-576-01/CONC. W/94-567-00	
12/17/1998	Alexandria Circuit - Docket: Offense: Larc-Grand{NCIC-2320} Offense Date: 05/20/1994 Good Time System: Good Conduct Allowance Revoked; Original Date of Judgment: 11/15/1994 ConvConcurrent; Straight Felony Term Indicator: 2 Imposed: 5 Years 0 Months 0 Days Comments: 94-577-01/CONC. W/94-577-00	
12/17/1998	Alexandria Circuit - Docket: 95-593 Offense: Robbery{NCIC-1200} Offense Date: 07/04/1995 Good Time System: Earned Sentence Credit Revoked; Original Date of Judgment: 06/06/1996 ConvConcurrent; Straight Imposed: 3 Years 6 Months 0 Days Comments: 95-593/CONC. W/98-463	
12/17/1998	Alexandria Circuit - Docket: Offense: Kidnap/Abduct{NCIC-1000} Offense Date: 03/19/1998 Good Time System: Earned Sentence Credit ConvConcurrent; Straight Imposed: 5 Years 0 Months 0 Days Comments: 98-463-02 Memo: CONC. W/98-463-00,01&03.	

VIRGINIA DEPARTMENT OF CORRECTIONS

OSC-106

Sentence Summary

DOC #: 1080673	Offender: Lucas, Casel Frank	Print Date: 08/07/2020
Status: Active	Location: Haynesville Correctional Center	Page: 3 of 3

Date of JudgmentSentence Description

12/17/1998	Alexandria Circuit - Docket: Offense: Sex Asslt-Attempted Rape{NCIC-1199} Offense Date: 03/19/1998 Good Time System: Earned Sentence Credit ConvConcurrent; Straight Imposed: 5 Years 0 Months 0 Days Comments: 98-463-03/18.2-67.5.A Memo: CONC. W/98-463-00,01&02.
12/17/1998	Alexandria Circuit - Docket: Offense: Larc-Grand{NCIC-2320} Offense Date: 05/28/1994 Good Time System: Good Conduct Allowance Revoked; Original Date of Judgment: 04/11/1995 ConvConcurrent; Straight Felony Term Indicator: 2 Imposed: 5 Years 0 Months 0 Days Comments: 94-575-01/CONC. W/94-575-00
01/15/1999	Arlington Circuit - Docket: Offense: Robbery{NCIC-1200} Offense Date: 07/12/1995 Good Time System: Earned Sentence Credit Revoked; Original Date of Judgment: 03/07/1997 Consecutive; Straight Imposed: 2 Years 6 Months 0 Days Comments: CR95-1525 Memo: ORDER OF 5/17/96 RECONSIDERED 3/7/97
01/15/1999	Arlington Circuit - Docket: Offense: Statutory Burglary{NCIC-2210} Offense Date: 05/27/1994 Good Time System: Good Conduct Allowance Revoked; Original Date of Judgment: 03/13/1995 Consecutive; Straight Felony Term Indicator: 2 Imposed: 5 Years 0 Months 0 Days Comments: CR95-304
01/15/1999	Arlington Circuit - Docket: Offense: Larc-Grand{NCIC-2320} Offense Date: 05/27/1994 Good Time System: Good Conduct Allowance Revoked; Original Date of Judgment: 03/13/1995 ConvConcurrent; Straight Felony Term Indicator: 2 Imposed: 5 Years 0 Months 0 Days Comments: CR95-305 CONC W/CR95-304

ALEXANDRIA CIRCUIT 04/11/1995 BURGLARY
ORI:VA099015J ALEXANDRIA GUILTY 05/20/1994
CCN:NOT RECORDED ==> FELONY
DCN:F561308 BURGLARY
1153/0640 1296/1527

=====

SO ALEXANDRIA VA 09/07/1994 FINGERPRINTED
ORI:VA0990100 OCA:94010004
CHARGED WITH
#001 FELONY
STATUTORY BURGLARY

ALEXANDRIA CIRCUIT 04/11/1995 GUILTY 05/13/1994
ORI:VA099015J ==> FELONY
CCN:NOT RECORDED STATUTORY BURGLARY
DCN:F656154 1183/1833 1296/1325

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SO ALEXANDRIA VA 09/07/1994 FINGERPRINTED
ORI:VA0990100 OCA:94010004
CHARGED WITH
#002 FELONY
LARCENY
ALEXANDRIA 05/13/1994
ALEXANDRIA CIRCUIT 04/11/1995 GUILTY
ORI:VA099015J ==> FELONY
CCN:NOT RECORDED LARCENY
DCN:F656155 1183/1834 1296/1350

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SO ALEXANDRIA VA 09/07/1994 FINGERPRINTED
ORI:VA0990100 OCA:94010004
CHARGED WITH
#003 FELONY
STATUTORY BURGLARY
ALEXANDRIA 05/13/1994

ALEXANDRIA CIRCUIT 04/11/1995 GUILTY
ORI:VA099015J ==> FELONY
CCN:NOT RECORDED STATUTORY BURGLARY
DCN:F656156 1183/1837 1296/1470

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SO ALEXANDRIA VA 09/07/1994 FINGERPRINTED
ORI:VA0990100 OCA:94010004
CHARGED WITH
#004 FELONY
LARCENY
ALEXANDRIA 05/13/1994

ALEXANDRIA CIRCUIT 04/11/1995 GUILTY
ORI:VA099015J ==> FELONY
CCN:NOT RECORDED LARCENY
DCN:F656157 1183/1832 1296/1469

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SO ALEXANDRIA VA 09/07/1994 FINGERPRINTED
ORI:VA0990100 OCA:94010004
CHARGED WITH
#005 FELONY
LARCENY
ALEXANDRIA 05/20/1994

ALEXANDRIA CIRCUIT 04/11/1995 GUILTY
ORI:VA099015J ==> FELONY
CCN:NOT RECORDED LARCENY
DCN:F656158 1183/1831 1296/1471

CHARGED WITH
 #002 FELONY 19.2-306
 REVOCATION OF SUSPENDED SENTENCE AND PROBATION
 ALEXANDRIA 03/24/1998
 ALEXANDRIA CIRCUIT 12/17/1998 GUILTY
 ORI:VA099015J ==> FELONY
 CCN:NOT RECORDED PROBATION VIOLATION
 DCN:P000340 2027/1261 2191/0445

PD ALEXANDRIA VA 08/05/1998 FINGERPRINTED PHOTO:Y
 ORI:VA0990000 OCA:98004595

CHARGED WITH
 #001 FELONY 18.2-58
 ROBBERY ALEXANDRIA 03/19/1998

ALEXANDRIA CIRCUIT 12/17/1998 GUILTY
 ORI:VA099015J ==> FELONY
 CCN:NOT RECORDED ROBBERY
 DCN:P000796 2062/0727 2191/0449

PD ALEXANDRIA VA 08/05/1998 FINGERPRINTED PHOTO:Y
 ORI:VA0990000 OCA:98004595

CHARGED WITH
 #002 FELONY 18.2-48
 ABDUCTION ~EXTORT MONEY OR IMMORAL PURPOSE
 ALEXANDRIA 03/19/1998

ALEXANDRIA CIRCUIT 12/17/1998 GUILTY
 ORI:VA099015J ==> FELONY
 CCN:NOT RECORDED ABDUCTION
 DCN:P000797 2062/0727 2197/0424

PD ALEXANDRIA VA 08/05/1998 FINGERPRINTED PHOTO:Y
 ORI:VA0990000 OCA:98004595

CHARGED WITH
 #003 FELONY 18.2-61
 RAPE ALEXANDRIA 03/19/1998

ALEXANDRIA CIRCUIT 12/17/1998 GUILTY
 ORI:VA099015J ==> FELONY
 CCN:NOT RECORDED ATTEMPTED RAPE
 DCN:P000798 2062/0727 2197/0426

 *
 * CORRECTIONAL HISTORY
 *

FINGERPRINTED	DATE	STATUS
PEN FARM GOOCHLAND	02/25/1999	RECEIVED
ORI:VA037015C		==> FELONY
INM:266497		
EVN:I266497		
FCN:SP850000183752	02/25/1999	FELONY 4CTS STATUTORY BURGLARY, 2CTS ROBBERY, BURGLARY
		2424/0287 SENT: 42 YRS 6 MOS
CSI:0000145648	02/25/1999	NEW PRISNER RCVD POW RCP&CLSS CTR

N Document 56-2 File

✓ 189# 108073

Tort Chijn

NON Compliance to Stipulated Agreement
Exhibits

Exhibit
#12

~~Frances stopped denied Dorothy treatment~~



VIRGINIA DEPARTMENT OF CORRECTIONS

Offender Grievance Response - Level I

866.1 A-6

DOC Location: HCC Haynesville Correctional Center

Report generated by Brown, R T

Report run on 07/08/2020 at 03:49 PM

Offender Name	RECEIVED	DOC#	Location	Grievance Number
Lucas, Casel F	AUG 17 2020	1080673	Current Haynesville Correctional Center	HCC-20-REG-00046
Housing			Filed Haynesville Correctional Center	
HU2-A-38-B OFFICE OF HEALTH SERVICES				

LEVEL I: WARDEN/SUPERINTENDENT'S RESPONSE (To be completed and mailed within 30 calendar days)
 In your grievance, you state that you wanted to go to Medical for a breathing treatment and C/O Barnes violated HIPPA rules when he did not allow you to see the Nurses.

As a result of the grievance, you would like appropriate action taken against C/O Barnes.

The results of the informal process reveal Lt. R. Radabaugh responded to Informal Complaint #HCC-20-INF-00585 on May 1, 2020, stating "Medical had other offenders from another building at that time."

An investigation into your complaint indicates after Lt. R. Radabaugh interviewed C/O Barnes, it was revealed that there were other offenders from different housing units in Medical for triage. Due to the pandemic, C/O Barnes could not have offenders from different housing units in Medical.

Your grievance is governed by policy restricted to offender access.

After thoroughly reviewing the information presented to staff in response to your complaint and the policy governing the issue, I find your grievance to be **UNFOUNDED** as the statements contained within are unsubstantiated.

RECEIVED

JUL 20 2020

Ombudsman Unit
Eastern Region

If you are dissatisfied with the Level I response, you may appeal within 5 calendar days to:
 Regional Admin. 14545 Old Belfield Road, Capron, VA 23829

Warden/Superintendent

Date

7-10-2020

I wish to appeal the Level I response because:

This is absolutely false. Lt. Radabaugh, Ombudsman Ms. Patterson, Mr. Dobyns, Interviewed Lt. Dobyns, Mr. Davis, and T/o Wright. C/O BARNES HAS lied to specifically told Mr. Davis cb that he was to stay and go are the nurses. He said the same thing to Lt. Dobyns. He Violated the DOP 801.3 Managing Offenders with Disabilities pg 1, 2(A) Under No Circumstances, will a Non-Health Care Work Substitute, their Substitute in place of the Health Care Provider. C/O Barnes have asked A Nurse or Doctor. He did this on his own, he has advised me an offender with Disabilities by making me struggle

Offender Signature

Carol Y. Wilson 10671013

Date 14 July 2020

for 2 days to breath. Because he was to busy. Despite my life in Extreme Danger, he has violated the DOP 801.3 standards also violated the following Laws State & Federal Americans with Disabilities Act of 1990 as amended (42 U.S.C. § 12101) Virginia with Disabilities Act (C.01.5 - 1 et seq.)

Page 1 of 1

Rev. 05/31/2007

I AM A Electric Disabled Combat Veteran with Service Connected Disabilities, after being Diagnosed to my lungs from Exposure to WMD's, C/O Barnes Advised me to

② For 2 days Denying Me My Treatment.

Then He Tries To Intimidate Me by Taking The Emergency Clearance and Give it back to Me Unanswered. I am being abused More by the Staff Taking Care of and Protecting him and His Crimes.

He Abused Me A OLD MAN

He Abused Me A Disabled Combat Veteran.

For Making A Decision On Dis AKA Not asking The Medical Staff Can I Get the Breathing Treatment

The Policy is Right Here K. Cosby. DO YOUR JOB
Interview C/o Ms. Davis Oberstockwoman

Interview Lt. Dobyns 2A Supervisor

Interview ^{Robert} T/Officer Wright

This Man Abused me and Tortured Me for 2 days Denying Me my Medically Prescribe Breathing Treatment that I got A Service Connected Disability from the U.S. Army a Veterans Affairs. I will go to the Media I will not allow this to Continue. It is never a hard choice to Make when you choose to do The Right Thing which is the Right Choice.

The Easy Choice.

DO the Interviews to Lt. Dobyns, C/o Ms. Davis, T/Officer Wright. Ask Ms. Davis the Obstruction Why She Was Questioned or Intimidated Those Staff Members.

I WAS Right I DID NOT Let this on 5 July 2020 The Warden Did

I came to Warden Dobyns and I DID NOT Let it Until Now 14 July 2020

There is a Return that the Date and is Proof that they are Covering this Up.

VIRGINIA
DEPARTMENT OF CORRECTIONS

Regular Grievance 866_F1_4-17

REGULAR GRIEVANCE

Log Number: HCC-20-REG
00047

Name, First	Carol F. Lucas	Number	1080673	Building	2 A	Cell/Bed Number	2 A-38-B
Individuals Involved in Incident	C/o BURNS						Date/ Time of Incident
Warden H. Dobyns, C/o MS-Davis, Treatment Officer Wright	13 April 2020 15:15 HRS						

AT IS YOUR COMPLAINT? (Provide information from the informal process. Attach Informal Complaint response or documentation of informal process.) This Grievance was legitimate. It was not Responded To On Time. 4/29/2020. What you have done is not by Policy. I Violated the DSP 866 Procedures. C/o BURNS The Off. of Med. Violated the Hippo Law. I Requested my Relocation Transferred. C/o BURNS flat out Denied me this. Wrote "I'm too Busy & so are the Nurses. HE Repeated this To Off. on Ms. Davis & off. Dobyns & Treatment Officer Wright. AT NO Time Did he say To Any of those officers that their were inmates from other Building. He did not ask the Nurses or Doctors about getting the Treatment. I waited 2 hours at the Emergency Finance. Nurse Reid, Nurse Lampard, Nurse Standord was there that Day. Nurse Reid asked me about the Emergency Finance and said there is no Officer Burns came to the Back of Medical a few it BACK TO MR. SAD UP. Here has to what you want with it.

What action do you want taken? ① NO Officer can determine my Treatment or Another inmate. Medical Staff is only able to do this Hippo Law. This need to Never happen again. I Could have died because my RESCUE INHALERS ~~were~~ Not helping me. C/o BURNS Needs to be suspended 15 DAYS and Disqualify from working Medical again.

Event's Signature: Carol F. Lucas	RECEIVED	JUL 20 2020
Receptionist's Office:	MAY 8 2020 Date:	7 May 2020
Received:	By: GRIEVANCE OFFICE	Ombudsman Unit Eastern Region



VIRGINIA

DEPARTMENT OF CORRECTIONS

Regular Grievance 866.1-4-17

INSTRUCTIONS FOR FILING: You are required per Operating Procedure 866.1 *Offender Grievance Procedure* to attempt to resolve your complaint in good faith prior to filing a regular grievance. You must submit your grievance within 30 days from the date of occurrence or discovery of incident. Only one issue per grievance will be addressed. Write your issue only in the space provided on the grievance form, preferably in ink. Regular grievances are submitted through the institutional mail to the facility Grievance Office and a receipt issued within 2 working days from received date if the grievance is not returned during intake.

INTAKE: Grievances should be accepted for logging unless returned for the following reason(s):

<input type="checkbox"/>	Non-Grievable. This issue has been defined as non-grievable in accordance with Operating Procedure 866.1. <input type="checkbox"/> Disciplinary Procedure. You may appeal hearing decisions, penalties, and/or procedural errors under the provisions in Operating Procedure 861.1, <i>Offender Discipline</i> . <input type="checkbox"/> Matters beyond the control of the Department of Corrections
<input type="checkbox"/>	Does not affect you personally (This issue did not cause you personal loss or harm)
<input type="checkbox"/>	Limited. You have been limited by the Warden/Superintendent
<input type="checkbox"/>	More than one issue – resubmit with only one issue
<input type="checkbox"/>	Expired Filing Period. Grievances are to be filed within 30 calendar days from date of occurrence/incident, or discovery of the occurrence/incident except in instances: 1) beyond the offender's control or, 2) where a more restrictive time frame has been established in Operating Procedures to prevent loss of remedy or the issue from becoming moot.
<input type="checkbox"/>	Repetitive. This issue has been grieved previously in Grievance #
<input type="checkbox"/>	Inquiry on behalf of other offenders
<input type="checkbox"/>	Group Complaints or Petitions. Grievances are to be submitted by individuals.
<input type="checkbox"/>	Vulgar/Insolent or Threatening Language. YOU MAY BE CHARGED IN ACCORDANCE WITH OPERATING PROCEDURE 861.1 OFFENDER DISCIPLINE.
<input type="checkbox"/>	Photocopy/Carbon Copy. You must submit the original grievance for responses and appeals.
<input type="checkbox"/>	Grievances Filed Regarding Another Institution. This grievance is being returned to you for you to submit to:
<input type="checkbox"/>	Informal Procedure. You have not used the informal process to resolve your complaint
<input type="checkbox"/>	Request for services
<input type="checkbox"/>	Insufficient Information (Not to include Medical). You need to provide the following information to the Grievance Office within 5 days before the grievance can be processed:
<input type="checkbox"/>	The issue in the grievance is different from the issue in the informal complaint

Institutional Ombudsman/Grievance Coordinator:

Date:

If you disagree with this decision, you have 5 calendar days from date of receipt to submit to the Regional Ombudsman for a review of the intake decision. The Regional Ombudsman's decision is final.

Regional Review of Intake (within 5 working days of receipt)

- The intake decision is being upheld in accordance with Operating Procedure 866.1 *Offender Grievance Procedure*.
- The intake decision is being returned to you because the 5 day time limit for review has been exceeded.
- The grievance meets the criteria for intake and is being returned to the Warden/Superintendent for logging.

Regional Ombudsman:

Date:

WITHDRAWAL OF GRIEVANCE: I wish to voluntarily withdraw this grievance. I understand that by withdrawing this grievance, there will be no further action on this issue nor will I be able to file any other grievance in the future on this issue.

Offender Signature:

Date:

Staff Witness:

Date:



VIRGINIA DEPARTMENT OF CORRECTIONS

Grievance Continuance Receipt

866.1 TBD

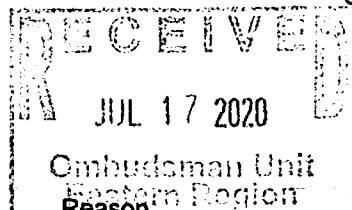
DOC Location: HCC Haynesville Correctional Center

Report generated by Brown, R T

Report run on 06/05/2020 at 09:24 AM

Grievance Number: HCC-20-REG-00046

Next Action Date: 07/05/2020 12:00 AM



Continuance

Level Due Date

1	07/05/2020	Awaiting information
2		
3		

By

Brown, Rose T

On this date: 05/08/2020 I have received a statement from:

Lucas, Casel F

1080673

of

Haynesville Correctional Center

(Offender Name and DOC#)

HU2-A-38-B

(Filed Location and Housing)

Setting out the following complaint:

He states that C/O Barnes violated HIPPA laws when he denied him the right to a breathing treatment.

I have A Right To Appeal This. I have not gotten the Response
 Mr. Barnes has not given it to me. My Counselor
 Mr. Robison called
 her and she said
 she sent it out
 I have it.

(Signature)

(Title)

This Response has Not been Given To Me
 by the Due Date. Also This puts me Past my
 5 Days To Appeal it to your Office
 I received nothing but an answer dated 2014.02.21 K. Cosby



DO NOT RETURN THIS BECAUSE OF THE ATTACHMENT MUST BE INCLUDED AS PROOF OF
 VIRGINIA MY FILING THE REQUEST FOR REASONABLE ACCOMMODATION INFORMAL COMPLAINT 866 13 417
 DEPARTMENT OF CORRECTIONS REQUEST AS THE DOPC01.3 DEMANDS THIS IS AN APPEAL TO HIS ACTION

Informal Complaint

INSTRUCTIONS FOR FILING: Briefly write your issue in the space provided on the Informal Complaint form, preferably in ink. Only one issue per Informal Complaint. Place your complaint in the designated area at your facility. A receipt is issued within 2 working days from the date received if the informal complaint is not returned during intake. If no response is received within 15 calendar days, you may proceed in filing a regular grievance. You may utilize your receipt as evidence of your attempt to resolve your complaint.

An Informal Complaint is not required for an alleged incident of sexual abuse.

Case F. Number	1080673	RECEIVED	
Offender Name	Offender Number	Housing Assignment	
Facility ADA Coordinator		JUL 17 2020	
Individuals Involved in Incident		RECEIVED	
<input type="checkbox"/> Unit Manager/Supervisor <input type="checkbox"/> Personal Property <input type="checkbox"/> Medical Administrator		<input type="checkbox"/> Food Service <input type="checkbox"/> Commissary <input type="checkbox"/> Other (Please Specify)	<input type="checkbox"/> Institutional Program Manager <input type="checkbox"/> Mailroom

Briefly explain the nature of your complaint (be specific): A REQUEST FOR REASONABLE ACCOMMODATION'S REQUEST. I filed a Reasonable Accommodation's REQUEST asking for an DOPC01.3 ACCOMMODATION TO BE MADE FOR ME, WITH THE IFRP Early Release Program which is DISCRIMINATORY IN WRITTEN LANGUAGE AND BEING PRACTICED BY VADDC Chaytonville Employees by NOT ADDRESSING MY REASONABLE ACCOMMODATION REQUEST PROPERLY BY THE FACILITY ADA COORDINATOR. THE REQUEST I SENT IS ATTACHED SHOWING AND PROVING I MADE THE WRITTEN REQUEST AS POLICY DIRECTED. YET THE CORRECT ACTION WAS NOT TAKEN.

Offender Signature Carol F. Wilson Date 01/01/2020

Offenders - Do Not Write Below This Line

Date Received: 6-24-2020 Tracking # HCC 20-INF-01192
 Response Due: 7-9-2020 Assigned to: R. Brown, I.O.
 Action Taken/Response:

I have told you on several documents that this is not a gresable issue. There is an appeal process that goes to OMS who makes the final decision. Any further paperwork on this issue can result in you being limited due to the amount of time that is being spent in the office, presenting the same issue over and over again. This is considered abuse and misuse of the grievance procedure in order to sue. I Brown

Respondent Signature Rose F. Brown Printed Name and Title Rose F. Brown, I.O. Date 6-29-20

WITHDRAWAL OF INFORMAL COMPLAINT:

I wish to voluntarily withdraw this Informal Complaint. I understand that by withdrawing this Informal Complaint, I will not receive a response nor will I be able to file any other Informal Complaint or Grievance on this issue.

Offender Signature: _____ Date: _____

Staff Witness Signature: _____ Date: _____

Witness by Staff is Submitted to Ombudsman and a copy.

Revision Date: 4/28/17 J. D. L.

Case F. Lucas

16974-103073

For Plaintiff

Non Compliance of Stipulated Agreement

Exhibits

Exhibit

#

13

Exhibit C: Plaintiff's Violations of
The Stipulated Agreement

RECEIVED



VIRGINIA

DEPARTMENT OF CORRECTIONS

JUN 24 2020

Informal Complaint 866_F3_4-17

By: Informal Complaint Office

INSTRUCTIONS FOR FILING: Briefly write your issue in the space provided on the Informal Complaint form, preferably in ink. Only one issue per Informal Complaint. Place your complaint in the designated area at your facility. A receipt is issued within 2 working days from the date received if the informal complaint is not returned during intake. If no response is received within 15 calendar days, you may proceed in filing a regular grievance. You may utilize your receipt as evidence of your attempt to resolve your complaint.

An Informal Complaint is not required for an alleged incident of sexual abuse.

Carol T. Lucas

Offender Name

1080673

Offender Number

2-A-38-B Ombudsman Unit

Ombudsman AB Brown

Individuals Involved in Incident

Unit Manager/Supervisor
 Personal Property
 Medical Administrator

Food Service
 Commissary
 Other (Please Specify): _____

Institutional Program Manager
 Mailroom

April 2020, 8:00 AM to 10:00 AM

Date Time of Incident

Briefly explain the nature of your complaint (be specific). Ombudsman violations of the Settlement Agreement COVID-19 Whorley et al v. Northern Etal Case No. 3:20-cv-00255 pg. 4 (C) Defendants agree to provide written guidance to grievance coordinators at these facilities relating to grievances related to COVID-19 as will regards to abide by COVID-19 Related policies and Protocols. This is not followed with these grievances HCC-20-INF-00585, HCC-20-INF-00559, HCC-20-INF-00706, HCC-20-INF-00545 these grievances are all COVID-19 Related Policies & Protocols. I denied intake because they violated the safety & health of myself, staff, and all inmates. This is the second Informal Complaint I have filed on this. No receipt given on first file date.

Offender Signature Carol T. LucasDate 06/24/2020

Offenders - Do Not Write Below This Line

Date Received: 6-24-2020Tracking # HCC-20-INF-01191Response Due: 7-9-2020Assigned to: R. Brown, I.O.

Action Taken/Response:

My intake decision is not a grievable issue. Your next avenue is to submit your grievance to the Eastern Regional Ombudsman in person, I.A for review.

Respondent Signature Rose T BrownPrinted Name and Title Rose T Brown, I.O.Date 6-24-20**WITHDRAWAL OF INFORMAL COMPLAINT:**

I wish to voluntarily withdraw this Informal Complaint. I understand that by withdrawing this Informal Complaint, I will not receive a response nor will I be able to file any other Informal Complaint or Grievance on this issue.

Offender Signature: _____ Date: _____

Staff Witness Signature: _____ Date: _____

RECEIVED

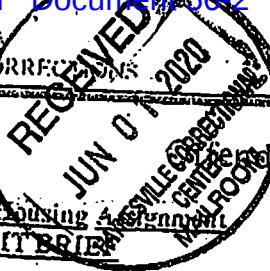
Ombudsman Unit
Eastern Region

Revision Date: 4/28/17

Witnessed by Staff Submitted to Ombudsman Institutional Mail This is my Second filing. A.T.B.

VIRGINIA
DEPARTMENT OF CORRECTIONS

Offender Request #01-03-71



DIRECTIONS

1. Fill in your Name, Number, Full Housing Assignment
2. Please Print your request; KEEP IT BRIEF
3. Drop in the appropriate Mail Box

4. Requests may be returned unanswered if addressed to the wrong department or if duplicate requests are sent.

OPERATING OFFICE

YOUR LAST NAME	FIRST	MI	NUMBER	BLDG/CELL
MICAS	CAZEL	F	1080d73	2-A-38-B
WORK ASSIGNMENT	ASSIGNED COUNSELOR			TODAY'S DATE
2-A-Unit Custodian	Ms. Robynan			1 July 2020

TO: Unit Manager Medical Personal Property Law Library
 Treatment Mental Health Education Enterprise Shop
 Chaplain Assistant Warden Warden Other Facility ADA Coordinator
 Security Accounting

CHECK PURPOSE Appointment Request Question/Statement: Ms. J. Greenwood

REASONABLE ACCOMMODATION REQUEST: I Am A Deaf Veteran An Inmate with Disabilities. I Am A. YNmate with 15 military Disabilities that I Am Service Connected. Recently 30% Rating from the Veterans Affairs Board Veterans Appeals. The Court of Appeals for Veterans Claims Certification. 1) PTSD Mental Illnesses 2) Depression, 3) Anxiety 4) Anti-Personality Disorders 5) Gastroesophageal Reflux Disease 6) Adult Diaper 26 percent 7) Degenerative Joint Disease both knees ⑦ Dip Joint left + Right Hand, ⑧ Chronic Respiratory Illnesses 8) Acute Respiratory Disease ⑨ Diabetes.

My Request Is to be Able to Participate in IERP Releasing Program Due to my Chronic Disabilities.

DO NOT ATTACH ADDITIONAL PAGES; DO NOT WRITE BELOW THIS LINE

RESPONSE

Request sent to correct department Yes No: Routed to: _____ Date: _____

You will need to speak to your Counselor.

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JUL 1 1 2020
Ombudsman Unit Region

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JUL 2 2020
Ombudsman Unit Region

Offender seen Yes No

Official Responding

6-2-2020
Date of Response



BOARD OF VETERANS' APPEALS

DEPARTMENT OF VETERANS AFFAIRS

WASHINGTON, DC 20038

Date: June 14, 2018

SS 228 29 8166

CASEL F. LUCAS

Dear Appellant:

The Board of Veterans' Appeals (Board) has made a decision in your appeal, and a copy is enclosed.

<i>If your decision contains a</i>	<i>What happens next</i>
Grant	The Department of Veterans Affairs (VA) will be contacting you regarding the next steps, which may include issuing payment. Please refer to VA Form 4597, which is attached to this decision, for additional options.
Remand	Additional development is needed. VA will be contacting you regarding the next steps.
Denial or Dismissal	Please refer to VA Form 4597, which is attached to this decision, for your options.

If you have any questions, please contact your representative, if you have one, or check the status of your appeal at <http://www.vets.gov>.

Sincerely yours,

RECEIVED

Kimberly Osborne

JUL 24 2020

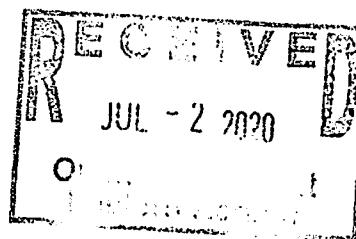
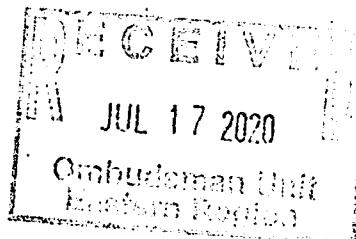
Deputy Vice Chairman

By: _____

GRIEVANCE OFFICE

Enclosures (1)

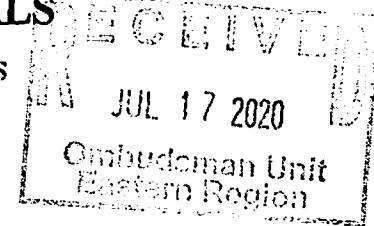
CC: Virginia Department of Veterans Services





BOARD OF VETERANS' APPEALS

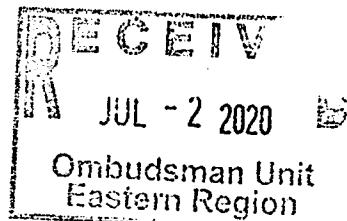
DEPARTMENT OF VETERANS AFFAIRS



IN THE APPEAL OF
CASEL F. LUCAS
REPRESENTED BY
Virginia Department of Veterans Services

SS 228 29 8166
Docket No. 13-22 962

DATE: June 14, 2018



ORDER

Service connection for post-traumatic arthritis, left elbow, to include as due to Gulf War environmental exposures, is denied.

Service connection for right elbow strain, to include as due to Gulf War environmental exposures, is denied.

- Service connection for flexion contracture, distal interphalangeal (DIP) joint, right fifth finger, is granted.
- Service connection for flexion contracture, DIP joint, left fifth finger, is granted.

Service connection for right ankle strain, to include as due to Gulf War environmental exposures, is denied.

Service connection for left ankle strain, to include as due to Gulf War environmental exposures, is denied.

Service connection for chronic fatigue syndrome (CFS), to include as due to Gulf War environmental exposures, is denied.

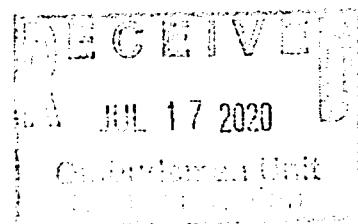
- Service connection for recurrent upper respiratory infections is granted.

Service connection for a sleep disorder, to include as due to Gulf War environmental exposures, is denied.

- Service connection for gastroesophageal reflux disease (GERD) is granted.

RECEIVED
MAY 26 2020
BY: GRIEVANCE OFFICE
RECEIVED
JUN 24 2020
By: GRIEVANCE OFFICE

IN THE APPEAL OF
CASEL F. LUCAS



SS 228 29 8166
Docket No. 13-22 962

Service connection for genitourinary problems, to include as due to Gulf War environmental exposures, is denied.

Service connection for impotency, to include as due to Gulf War environmental exposures, is denied.

Service connection for amyotrophic lateral sclerosis (ALS), to include as due to Gulf War environmental exposures, is denied.

 Service connection for headaches is granted.

The appeal for an effective date earlier than August 25, 2010 for the grant of service connection for PTSD is dismissed.

REMANDED

Entitlement to service connection for patellofemoral syndrome, right knee, to include as due to Gulf War environmental exposures, is remanded.

 Entitlement to an initial rating in excess of 10 percent for posttraumatic stress disorder (PTSD) is remanded.

RECEIVED
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GRIEVANCE OFFICE

FINDINGS OF FACT

By: _____
GRIEVANCE OFFICE

1. The Veteran had active service in the Southwest Asia Theater of Operations during the Persian Gulf War.

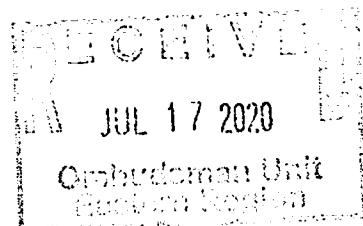
2. The Veteran's left elbow pain has been linked to a diagnosis of post-traumatic arthritis, left elbow, and the preponderance of the evidence is against finding that his post-traumatic arthritis, left elbow, was manifested in service, within one year of his separation from service, or is due to a disease or injury in service, to include a specific in-service event, injury, or disease.

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MAY 26 2020

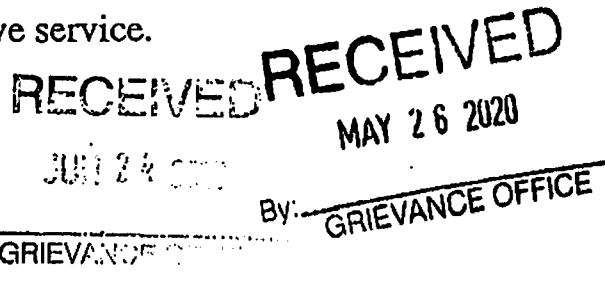
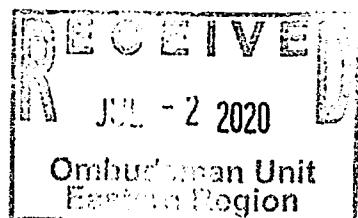
By: _____
GRIEVANCE OFFICE

IN THE APPEAL OF
CASEL F. LUCAS

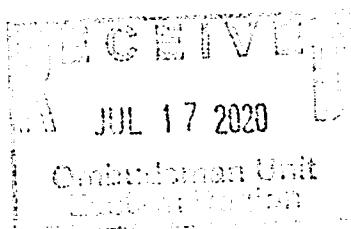


SS 228 29 8166
Docket No. 13-22 962

3. The Veteran's right elbow pain has been linked to a diagnosis of right elbow strain, and the preponderance of the evidence is against finding that his right elbow strain is due to a disease or injury in service, to include a specific in-service event, injury, or disease.
4. The Veteran's flexion contracture, DIP joint, right fifth finger, has been related to service.
5. The Veteran's flexion contracture, DIP joint, left fifth finger, has been related to service.
6. The Veteran's right ankle pain has been linked to a diagnosis of right ankle strain, and the preponderance of the evidence is against finding that his right ankle strain is due to a disease or injury in service, to include a specific in-service event, injury, or disease.
7. The Veteran's left ankle pain has been linked to a diagnosis of right ankle strain, and the preponderance of the evidence is against finding that his right ankle strain is due to a disease or injury in service, to include a specific in-service event, injury, or disease.
8. The Veteran has not manifested a diagnosis of CFS during the pendency of his appeal; nor has he been diagnosed with a medically unexplained chronic multi symptom illness.
9. The preponderance of the evidence of record establishes recurrent upper respiratory infections as a diagnosable but medically unexplained chronic multi symptom illness.
10. The preponderance of the evidence is against finding that the Veteran has a sleep disorder due to a disease or injury in service, to include specific in-service event, injury, or disease.
11. The Veteran's GERD began during active service.



IN THE APPEAL OF
CASEL F. LUCAS



SS 228 29 8166
Docket No. 13-22 962

been diagnosed with CFS or with any medically unexplained chronic multi-symptom illness. The existence of a current disability is the cornerstone of a claim for VA disability compensation. *See Brammer v. Derwinski, supra.* As such, without a current diagnosis, the Veteran lacks the evidence necessary to substantiate his claim for service connection. The Board acknowledges that the Veteran does appear to have experienced fatigue, particularly as a result of his difficulties sleeping, but that fact alone does not necessitate the diagnosis of CFS which requires a specific set of symptomatology beyond just fatigue.

5. Entitlement to service connection for recurrent upper respiratory infections.

The Veteran contends he has respiratory problems due to various exposures in Iraq during the Gulf War, including chemicals and toxins, and exposure to WMDs after the demolition of an arms facility. He also contends he has had recurrent upper respiratory infections, to include pneumonia, and bronchitis, requiring treatment, since his service in Desert Storm.

Service treatment records show that in April 1988, the Veteran was treated for asthmatic bronchitis, and in May 1988 he was hospitalized for acute respiratory disease.

On a VA examination in March 2011, the Veteran reported his respiratory condition had an onset in the 1990s, and that he had recurrent upper respiratory infections requiring treatment since Desert Storm. The diagnosis was recurrent upper respiratory infections, which the examiner indicated was, by VBA definition category # (2), a diagnosable but medically-unexplained chronic multi symptom illness of unknown etiology. The examiner opined it was at least as likely as not the Veteran's recurrent upper respiratory infections were related to a specific exposure event he experienced during his service in Southwest Asia. The examiner noted that signs and symptoms that may be manifestations of both undiagnosed illnesses or diagnosed medically unexplained chronic multi-symptom illnesses include signs or symptoms involving the upper respiratory system.

As noted above, signs and symptoms which may be manifestations of medically unexplained chronic multi symptom illnesses include respiratory symptoms.

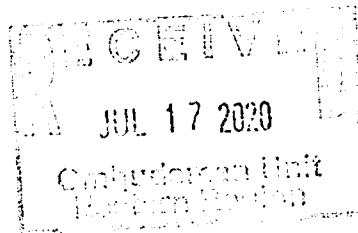
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MAY 26 2020

By: GRIEVANCE OFFICE

JUL - 2 2020

Compulsory Unit
Western Region

IN THE APPEAL OF
CASEL F. LUCAS



SS 228 29 8166
Docket No. 13-22 962

Service connection for genitourinary problems, to include as due to Gulf War environmental exposures, is denied.

Service connection for impotency, to include as due to Gulf War environmental exposures, is denied.

Service connection for amyotrophic lateral sclerosis (ALS), to include as due to Gulf War environmental exposures, is denied.

Service connection for headaches is granted.

The appeal for an effective date earlier than August 25, 2010 for the grant of service connection for PTSD is dismissed.

REMANDED

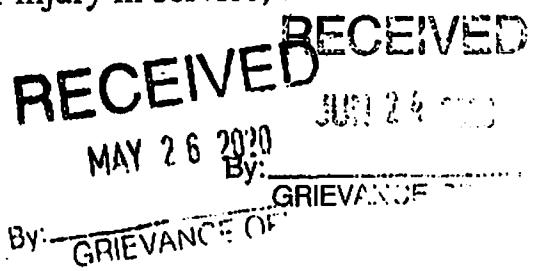
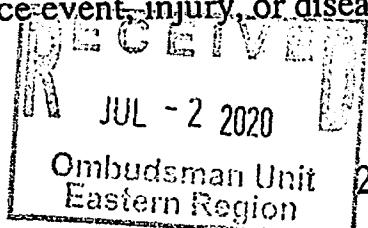
Entitlement to service connection for patellofemoral syndrome, right knee, to include as due to Gulf War environmental exposures, is remanded.

Entitlement to an initial rating in excess of 10 percent for posttraumatic stress disorder (PTSD) is remanded.

FINDINGS OF FACT

1. The Veteran had active service in the Southwest Asia Theater of Operations during the Persian Gulf War.

2. The Veteran's left elbow pain has been linked to a diagnosis of post-traumatic arthritis, left elbow, and the preponderance of the evidence is against finding that his post-traumatic arthritis, left elbow, was manifested in service, within one year of his separation from service, or is due to a disease or injury in service, to include a specific in-service event, injury, or disease.





Virginia Department of Corrections

Offender Management and Programs

Operating Procedure 801.3

Managing Offenders with Disabilities

Authority:

Directive 801, Facility Administration

Effective Date: August 1, 2019

Amended:

Supersedes:

Operating Procedure 801.3, July 1, 2016

Access: Public Restricted
 Incarcerated Offender

ACA/PREA Standards:

5-ACI-2C-02, 5-ACI-2C-11, 5-ACI-2C-12,
 5-ACI-2C-13, 5-ACI-3D-04, 5-ACI-5E-02,
 5-ACI-5E-03, 5-ACI-6C-06, 5-ACI-7A-01,
 5-ACI-7B-10, 5-ACI-7D-13; 4-4133, 4-4142,
 4-4143, 4-4144, 4-4277, 4-4399, 4-4429, 4-4429-1,
 4-4448, 4-4475, 4-4497; 4-ACRS-5A-19,
 4-ACRS-6A-01-1, 4-ACRS-6A-04,
 4-ACRS-6A-04-1, 4-ACRS-6A-04-2,
 4-ACRS-6B-01; 2-CI-5A-1

Content Owner:	Rose Durbin PREA/ADA Supervisor	Signature	Copy on File	6/14/19
Reviewer:	Jermiah Fitz Jr. Corrections Operations Administrator	Signature	Copy on File	6/17/19
Signatory:	A. David Robinson Chief of Corrections Operations	Signature	Copy on File	7/1/19

REVIEW

The Content Owner will review this operating procedure annually and re-write it no later than three years after the effective date.

COMPLIANCE

This operating procedure applies to all units operated by the Virginia Department of Corrections. Practices and procedures must comply with applicable State and Federal laws and regulations, ACA standards, PREA standards, and DOC directives and operating procedures.

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Commonwealth of Virginia	Ombudsman Unit Eastern Region

PURPOSE

This operating procedure provides guidelines for management of and provision of reasonable accommodations to offenders with disabilities housed in Department of Corrections (DOC) facilities. It describes levels of available services, methods by which assignments are made, and appropriate security measures for offenders with disabilities in accordance with the *Americans with Disabilities Act of 1990*, as Amended (42 U.S.C. §12101 et seq.) and the *Virginians with Disabilities Act* (COV §51.5-1 et seq.).

PROCEDURE

I. Training and Responsibility

A. All staff, contract staff, interns, and volunteers who regularly interact with offenders will receive instruction related to the provisions of accommodations for offenders with disabilities and the requirements of this operating procedure.

B. All staff and contract staff must complete the mandatory *Americans with Disabilities Act (ADA)* on-line training, annually. Upon completion of the training, a copy of the certificate must be printed and submitted to unit training staff or the immediate supervisor for units without training staff.

C. Upon arrival and during formal orientation, all offenders, to include those offenders who are transferred immediately to the infirmary or restrictive housing upon intake, will be informed of their right to non-discrimination on the basis of a disability and the process for requesting a reasonable accommodation as outlined in this operating procedure. (See Operating Procedure 810.1, *Offender Reception and Classification*, and Operating Procedure 810.2, *Transferred Offender Receiving and Orientation*.) (5-ACI-3D-04; 4-4277; 4-ACRS-6B-01)

1. Each offender, upon arrival will be provided a copy of Attachment 1, *Notice of Rights for Offenders with Disabilities*, which includes the DOC ADA Coordinator's contact information.
2. The facility *Orientation Manual, Packet*, and/or other written orientation materials must include the facility ADA Coordinator's name and contact information.

D. Information on the nature and extent of an offender's disability and any reasonable accommodations related to the disability is considered protected health information. This information is confidential and will only be disclosed to staff as necessary to provide assistance to the offender or as authorized and/or permitted by the offender.

E. ADA Coordinator

1. Staff and offenders have access to the DOC ADA Coordinator and a facility ADA Coordinator. (5-ACI-5E-03; 4-4429-1; 4-ACRS-6A-01-1)

a. The DOC ADA Coordinator is an appropriately trained and qualified individual, educated in the problems and challenges faced by offenders with physical and/or mental impairments, programs designed to educate and assist offenders with disabilities, and all legal requirements for the protection of offenders with disabilities.

b. The facility ADA Coordinator is trained by the DOC ADA Coordinator in mandated legal requirements regarding disability accommodations.

2. The DOC ADA Coordinator will serve as the authority on all issues related to offenders with disabilities, reasonable accommodations, and the application of this operating procedure.

3. The facility ADA Coordinator will review all offender requests for a reasonable accommodation and, in consultation with appropriate staff, make a determination on the request and maintain documentation of the facility accommodation process to include approvals, denials, and appeals.

a. The following requirements will be considered when making a determination for an accommodation:

- i. The disability, as recognized by the ADA, must be known to the DOC Ombudsman Unit
- ii. The accommodation must not pose an undue hardship on the facility or to the safety and

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Ombudsman Unit
Eastern Region



JUL 17 2020

2. If the medical equipment or assistive device required to address and accommodate an offender's disability poses an undue hardship to the facility or to the safety and security of the offender or any other person, the Facility Unit Head, in collaboration with the Health Care Practitioner, will make a decision regarding an alternate appropriate accommodation.

*CB Evans
Visited this
Deny me
my BREATHING
TREATMENT*

- a. Under no circumstances will non-health care providers substitute their judgment for that of a health care provider where an accommodation needed to address a physical or mental disability has been prescribed.
- b. If there are unclear issues about an accommodation, the DOC ADA Coordinator may discuss with facility staff whether the proposed accommodation poses an undue hardship to the facility or to the safety and security of the offender or any other person prior to a final decision regarding the requested accommodation.
- c. The DOC ADA Coordinator will resolve the issue if the facility Health Care Practitioner and the Facility Unit Head cannot come to an agreement.
- d. The DOC ADA Coordinator, as necessary, will provide written documentation to the Facility Unit Head and facility ADA Coordinator regarding the offender's protection under ADA and/or the accommodation to be provided.

D. Physical therapy will be available on or off-site, as appropriate, and will be carried out, subject to the offender's consent, as prescribed by the facility Medical Practitioner.

E. All offender requests for diagnosis of a disability, determinations about an offender having a disability, and whether the offender will receive medical accommodations for the disability must be recorded in the offender's Health Record.

F. A copy of the decisions, including but not limited to diagnoses, regarding the disability determination, the reasons for denial or modification of the request, and reasonable accommodations will be provided to the offender.

IV. Offender Requests for Accommodation

A. Offenders may request a reasonable accommodation for their disability by submitting a *Reasonable Accommodation Request* 801_F7 to the facility ADA Coordinator. Offenders who have difficulty in communicating, understanding, or writing a *Request* should contact their counselor for assistance.

B. The facility ADA Coordinator will review the *Request* and, in consultation with appropriate staff, make a determination on the *Request*.

1. *Reasonable Accommodation Requests* will be acted upon in writing within ten business days, or a shorter time if necessary, by either granting the request, denying it, requesting further investigation, or granting it with modification. A specific reason must be stated if the request is denied or modified.
2. All *Accommodation Requests* with respect to medical care will be placed in the offender's Health Record with a copy forwarded to the offender and a copy maintained by the facility ADA Coordinator.
3. *Accommodation Requests* not specifically involving medical care will be maintained by the institutional ADA Coordinator with a copy forwarded to the offender.

C. If a facility Health Care Practitioner determines that a medically prescribed accommodation is warranted, facility health care providers will make provisions to provide for the medical accommodation.

1. Medically prescribed accommodations must be reviewed to address any facility safety and security concerns.
2. If facility health care providers have safety or security concerns regarding the medical accommodation, the facility ADA Coordinator or Facility Unit Head will be consulted.

JUL - 2 2020

Offender Unit
Eastern Region

JUL 17 2020

G. Use of Force

1. Force may be used on offenders with disabilities in instances of justifiable self-defense, protection of others, protection of property, prevention of escapes, or to maintain or regain control as provided in Operating Procedure 420.1, *Use of Force* (Restricted).
2. When such use must be preceded by the provision of an appropriate warning, this warning must be communicated by means that offenders with communication disabilities can observe and understand.

DEFINITIONS OF TERMS USED IN THIS OPERATING PROCEDURE

ADA Coordinator - A Department of Corrections employee assigned to coordinate the Department's efforts to comply with and carry out its responsibilities under the provisions of Title II of the *Americans with Disabilities Act* to include the review of complaints alleging non-compliance with requirements of non-discrimination for offenders with disabilities and coordination of DOC's efforts to comply.

Auxiliary Aids and Services - Assistance provided through services, equipment, or modifications to provide equal access for disabled or impaired individuals to activities, programs, and privileges, these aids and services may include, but are not limited to:

- Qualified interpreters or other effective methods of making aurally delivered materials available to individuals with hearing impairments
- Qualified readers, taped texts, audio recordings, Brailed materials, large print materials, or other effective methods of making visually delivered materials available to individuals who are blind or have visual impairments
- Functional devices to increase mobility including but not limited to walkers, canes, crutches, and manual or powered wheelchairs for individuals with mobility impairments
- Acquisition or modification of equipment or devices and other similar services and actions

Communication Disability - Any impairment related to speech, language, and/or auditory processing; it includes hearing impairments, visual impairments, and cognitive impairments evidenced by an inability to speak, read, and/or understand written or oral communications of information provided at the facility.

Co-payment - The amount paid by the offender for health care service, treatment, prosthesis, or orthotic

Health Care Practitioner - A clinician trained to diagnose and treat patients, such as physician, psychiatrist, dentist, optometrist, nurse practitioner, physician assistant, and psychologist

Health Care Provider - An individual whose primary duty is to provide health services in keeping with their respective levels of licensure, health care training, or experience

Major Life Activities - Include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, toileting, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working

Medical Practitioner - A physician, nurse practitioner or physician's assistant

Mobility Impairments - Inability to move about without the aid of a cane, splint, crutches, wheelchair, walker, or any other form of support or because of limited functional ability to ambulate, climb, descend, sit, rise, or perform any related function

Offender with a Disability - Any offender who has a physical or mental impairment that substantially limits one or more of their major life activities, has a record of such impairment, or is perceived as having such impairment

JUL - 2 2020

O'Day/Man Unit
Eastern Region

Physical or Mental Impairment - Any physiological disorder, or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological, musculoskeletal, special sense organ, respiratory (including speech organs), cardiovascular, reproductive, immune, digestive, genitourinary, hemic or lymphatic, skin and endocrine; or any mental or psychological disorder, such as mental retardation (Developmental Disorder), organic brain syndrome, emotional or mental illness, and specific learning disabilities. The phrase "physical or mental impairment" includes, but is not limited to, such contagious and non-contagious diseases and conditions as orthopedic, visual, speech, and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental





1 copy

Health Services Complaint and Treatment Form

Facility: HAYNESVILLE CORRECTIONAL CENTER

Offender Name: Lucas Case 1 Number: 1080673

Date/Time	Complaint and Treatment	Signature and Title
9/11/20 730p	Offender requesting renewal of D-Cerin and VISINE. Chart to MD/NP.	Ky Langford, RN
9/14/2020 618 Noted 9/2020 @ 9/14/2020 0000 (A. Breda, RN)	Emollients are available in the commissary Memo * VISINE tear drops, 2 drops ea eye BID x 90 days ERN	Admitted
9/21/2020 754 (date from 9/21/2020 Acceptable in 0000 (A. Breda, RN)) 09/28/20 11 AM		Admitted RN
10/1/2020 1515	Review Biotene Mouthspray 2 spray QD PRN Dry mouth S8 in APRN/DNP-C await approval for nonformulary med previously Rx dental.	
10-2-2020 9A 193 97 18 107/79 72 952		
10/6/2020 0730	pt seen and evaluated for g/lu from pulmonology visit by telephone 9/10/2020 PFTs completed \$189.60 @ 98.7 16 by specialist, reviewed med list and cument inhalers, discussed risk/benefits of meds. Review all notes from specialist noted request to add medication for allergy symptoms and Atrovent tolAMa, TTE completed mild regurgitation EFCS-70% obstructive COPD, stop Atrovent & LAMA	COPY
Noted Johnson 9/20 10/6/20 HP	Obstructive COPD 2) start increase elliptical puff Inhalated QD X 90 days Allergic Rhinitis 1) Zyrtec long PO QD X 90 days ✓ CN: KRR, Kenop CTABL Today ABD soft tenuo Skin warm/dry + ROM P Cap refill 1/2sec S8 in APRN/DNP-C	
10/8/2020 1245	Emollients are available in commissary please bring receipts for cost of medical needs for Deciem cream refill per 9/14/2020 note - S8 in APRN/DNP-C	
	Noted 10/13/20 cap Ky Langford, RN	



**VIRGINIA
DEPARTMENT OF CORRECTIONS**

Health Services Complaint and Treatment Form 720_F17_7-12

Health Services Complaint and Treatment Form

Facility: HAYNESVILLE CORRECTIONAL CENTER

Offender Name: Lucas Casey Number: 1080673

Number: 1080673

Date/Time

Complaint and Treatment

Signature and Title

Date/Time	Complaint and Treatment	
08/21/2020 2:50	2D Echo cardiogram Done on Site Uses Adren as diuretic Recent Adren 450U BID ✓ Floress 0.05% T BID ✓ Proscar 5mg qd ✓ Cimetidine 500 8/10 X120D ✓ Cetor 10mg HS Floress 0.4mg qd P10mx	✓ W (2010)
8/25/20 1:30pm Allison DR		✓ Lenz ✓
9/1/2020 1050 Noted 9/1/2020 @ 1120 (A. Bader, PD)	Refill request received, please advise pt saline spray, eye drops and lotion need to be purchased from commissary. 1) Senna Plus 750 PO QD PRN constipation x 30 tabs 2) Oxytca 1 tab PO QD x 90 days 3) Voltaren gel Use 46 topain site QID PRN MAX 166 x 3 tubes 4) all others have valid Rx, need refills completed by Pharmacy. <u>See in APPN, DNP</u>	
9/2/2020 822 Noted 9/1/2020 (A. Bader, PD)	Labs from 9/3/2020 Acceptable * Peda Ct, Ng, Trich bag ✓ 9/1/2020 11A	<u>Admit w/o</u>
		COPY



Health Services Complaint and Treatment Form

Facility: HAYNESVILLE CORRECTIONAL CENTER

Offender Name:

Lucas Casey
Last First

Number: 1080673

Date/Time	Complaint and Treatment	Signature and Title
8/17/20 10:30 AM	Pulse 100 temp 97.8 F noted cough 8/17/20 10:30 AM	8/16/20 - acceptable J. Leontine
8/11/20 2:30 PM	To review PET Feels pretty good & 97.9 96% used nasal spray (lots of help) owing 99P 114/86 sinus & epistaxis. + inhaler (cold coffee) Not exercising but able to walk NAD 8/5/20 & cough & sinus	8/11/20 - acceptable J. Leontine
8/5/20	115/82, clear full respir, 2000g expir. Smoker, 10 yrs go exposure Will avoid smoke but / does not have alcohol continuously & Xopenex per also, pt request STD screen 8/11/20 Other HVS screen, RPR, Ch/Varus & HIV screen	8/5/20 - acceptable J. Leontine
8/12/20 13:50	8/4/2020 Lab screen for COVID negative noted cough 8/12/20 13:50 acceptable lab 5P	8/4/2020 Lab screen for COVID negative 8/4/2020 acceptable lab 5P J. Leontine APRN, DNP-C
8/18/20 0900	Pt seen to release Quarantine no S/s of COVID	
95y. 97.8 F	notemp 14 days complete release from quarantine	
114/76 HR 68	Isolation no longer needed, Neg COVID screen - S. Leontine APRN, DNP-C	
8/18/20	noted 8/18/20 0942 AM	
8/18/20 9:30 AM	Spoke & Set young in RHU concerning release	J. Leontine D.V.

Other



Health Services Complaint and Treatment Form

Facility: HAYNESVILLE CORRECTIONAL CENTER

Offender Name: LUCAS CASEL Number: 1080673

Date/Time	Complaint and Treatment	Signature and Title
7/23/2020 9409 9:3, 94, 96% 18, 153/91	Pt seen and screened for symptoms of COVID-19 med run. Pt has been in medical isolation since her run. Denies all symptoms of COVID-19 CLS: S, +S Lungs: CTARI Atc) Asymptomatic	
	* Release back to compound	<u>Adams, J. M.</u>
7/27/2020 951	* Renew Amlodipine 10mg PO qday x 180 days * Renew Xtreneex 45mcg 5puffs qid PRN SOB x 180 days * Renew Atorvast 10mg po qid PRN SOB x 180 days * Renew Atenolol 50mg PO BID x 180 days	
7/29/2020 1355	Reviewed results CXR dated 7/28/2020 - no acute finding - acceptable	<u>Sherman, APRN, DNP-C</u>
7/29/2020 2000	Offender requesting renewal of Senna plus. Chart to MD/NP.	<u>Klingford, RN</u>
7/30/2020	Per Docx consult of 7/9/20 - aperitif (laxative), No additional laxatives (Senna?) 10 days max 180 days Rx Senna Plus 2 po qpm x 3 days ✓	
8/4/2020	Ey. Exam Today	<u>Elmendorf</u>

COPY



**VIRGINIA
DEPARTMENT OF CORRECTIONS**

Health Services Complaint and Treatment Form 720-F17-7-12

Health Services Complaint and Treatment Form

Facility: HAYNESVILLE CORRECTIONAL CENTER

Offender Name:

Lucas

Last

Casel

Number: 1080673

Date/Time

Complaint and Treatment

Signature and Title

7/20/20 2pm	Notes from Pulin & Dem reviewed Pulin on 7/16/20 = ? COPD Schedule PFTs & COVID test ordered, JLR CXR & Transflox 500mg Treasured Omronaprilole 20mg BID X 10d Keep Pulin appt.
7/20/20 11am	Dem - 3 moles - hyperpigmented possibly due to folliculitis - Cleanse clindemp 1% gel qd No follow up Dem
7/21/20 10am	Received Pulin & Dem consultation. Discussed need to outpatient testing (PFT, transltion etc) at hospital. An apt CXR ad HCC
7/21/20 11am	Will inquire about pulm telene
7/21/20 1pm	Received stand my draw orders. No orders regarding Dem cont
7/21/20 1pm	All questions answered, <u>Lake, MN</u>

copy

Case 3:20-cv-00255-HEH-DJN Document 56-2 Filed 12/07/20 Page 33 of 140 PageID# 440
Cabel F. Lucas
VSP# 1033673
Post Claim
NON Compliance To Agreed Settlement
Exhibits

Exhibit

8

Medical Records from VADOC Treatment
of my Military Service Connected Disabilities
and Diagnosis Statement of Medical Diseases and
Injuries from my 25 Years of Continuous Incarceration
Hypertension, Heart Disease, Diabetes, HTN,

Chronic Disease Clinic Follow-Up
HAYNESVILLE CORRECTIONAL CENTER

Offender Name: LUCAS, CASELNumber: 1080673

List chronic diseases:

1) HTN	3) COPD	5) BPH
2) DM-2	4) I.B.D	6) PTSD

List current medications:

See MAR (attached)

Subjective: (Yes or No)

Asthma: # attacks in last month? <u>0</u>	Seizure disorder: # seizures since last visit? _____
# short acting beta agonist canisters in last month? _____	Diabetes mellitus: # of hypoglycemic reactions since last visit? _____
# times awakening with asthma symptoms per week? <u>0</u>	Any polyuria? _____ Any nocturia? _____ Any orthopnea? _____
Any wheezing? <u>N</u> Any night sweats? <u>0</u>	Weight loss/gain ↓↑ _____ #lbs _____
Any systemic steroids use? <u>N</u> Any hemoptysis? <u>N</u>	Palpitations? <u>N</u> Ankle or leg edema? <u>N</u>
CV hypertension (HTN): Chest pain? <u>N</u> SOB? <u>N</u>	Any dizziness since last appointment? <u>N</u> Any foot problems since last appointment? <u>N</u>
Any blurred vision? <u>N</u> Any claudication? <u>N</u> Any headaches? <u>N</u> Any nausea/vomiting? <u>N</u>	Rashes/Lesions? <u>N</u> Any abdominal pain/swelling? <u>N</u> Diarrhea? <u>N</u>

For all diseases, since last visit, describe new symptoms:

COVID-19 neg 8/4/2020

Echo done: 8/21/2020: EF 68%

Mild pericardic regurg. Mild Tricuspid regurg. Mild Atrial enlargement.

Possible outlet VSD.

Patient adherence (Y/N): with medications? Y with follow up appointments? Y with diet? Y
 Vital signs: Temp 98.6 BP 105/68 Pulse 61 Resp 18 Wt 203 PEFR _____ Pain scale _____

95%

Past Labs:

Hgb A1C 7.5 BMP 6/2020 CMP 6/2020 INR _____ CD4 - Total Chol 90 LDL 30 HDL 40
 Trig 101 Hct 52.3 Hgb 16.9 AST 19 ALT 29 BUN 11 Creatinine 1.04

Micro albumin _____ UA wNL CBC 6/8 EKG 3/2020 WNL LFT _____

Drug level: _____ Fibroscan score: _____

Range of fingerstick glucose: _____ BP monitoring range: 90 - 196 mg/dL90/68, 130/84.

Procedure:

Annual Funduscopic eye exam completed Yes No N/AAnnual dilated eye exam completed Yes No N/AAnnual foot exam completed Yes No N/A

E:

HEENT/neck: NC/AT, EOMI, PERRLA, 0 bruits	Extremities: <u>8 edema</u>
Heart: <u>3/4 S, NO PMS</u>	Neurological: <u>CN2-12 grossly intact</u>
Lungs: <u>CTA/B/L</u>	GU/rectal: <u>defined</u>
Abdomen: <u>soft NT/ND, Bst</u>	Other: _____

Assessment Diagnosis:

1 HTN
 2 DM-2
 3 COPD
 4 BPH

Degree of Control	Clinical Status							
	G	F	P	NA	I	S	W	NA
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

COPY

LUCAS, CASEL

Plan/Orders:

1080673

Medication:

Diagnostics/Procedures: MAR 2021: EKG ✓

Labs: DEC: CBC, CMP, Lipids, HbA1c, B12, folate, UA, vit-D, PSA. ✓

Special needs: None Work Code _____

 Administer Influenza vaccine Administer Pneumonia vaccine

92 months

Monitoring: BP: X day/week/month Accucheck: X day/week/month Peak flow: _____

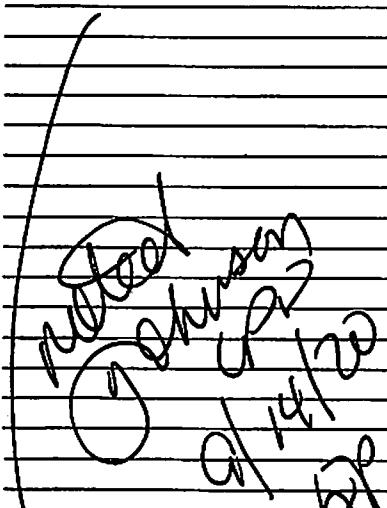
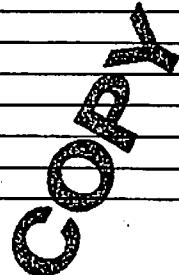
Offender questioned regarding presence of depression and suicidal thoughts while on seizure therapy? Yes No N/AEducation provided: Nutrition Exercise Smoking Test results Medication management Lab results
 Disease process

Referral: (list type & priority level): Specialist:

Days to next visit? 1 year 180 90 60 30 Other: _____

Additional information:

GTRD 11/4/2026
LOC D
MED A, 11, 12, 3, 4, 8A, 9
MH 2

Provider Signature:

Adrian Huo

Date:

9/14/2020

I COPY**VCU Medical Center**

Printed: 10/8/20 10:44 AM

By: HAYES (REFH015), BRITNEY

Pulmonary OP Estab Visit**LUCAS, CASEL**

Age: 51Y Gender: M DOB: 08/08/1969 MRN: 4369269 Phone: 8043333577

Date/Time 09/10/20 10:45am Author MYTINGER, ANDREA Status Preliminary Source VCUHL7

PCP:MATHEW MD, ALEXANDER

Visit conducted via telephone in light of COVID-19 pandemic. Haynesville Correctional Center. 804-250-4136

Reason for Follow Up: dyspnea on exertion, reactive airways disease

CC: I'm feeling better.

HPI: 51 yo male with no HTN, GERD, allergic rhinitis, and reactive airways disease in the setting of multiple military gas inhalational exposures who is scheduled for follow up. last seen by me 7/16 with plan to obtain PFTs and better control GERD, PPI increased to BID dosing. since last visit, patient is feeling better. states his chest isn't as tight as it used to be. breathing is improved though still having to use inhalers (xopenex and atrovent) at least 3 times daily. still with nasal congestion. congestion is daily. using nasal spray (saline and flonase). also taking singulair. has never been on allergy pill.

increase in PPI dosing has helped with acid reflux and dyspnea.

Social History:

direct exposure to burn pits and sarin gas with chemicals to make mustard gas x 3 times monthly.

destroying weapons of mass destruction, without masks as the time, exposed to mustard gas, sarin gas

updated smoking history: occasional marijuana, smoked 6 years, a pack would last around 3 days at least.

ROS: Complete systems review performed, please see HPI for pertinent positives and negatives

Medical History:

- Problem List (Active Medical Only) This information was current as of 09/10/20 @ 10:46:00.

Active:

- BP+ - Hypertension
- DM - Diabetes mellitus
- Pain with urination
- Urinary frequency
- Urinary hesitancy
- reactive airways disease
- allergic rhinitis

Home Medications This information was current as OF 09/10/20 @ 10:57:00.

Prescriptions Documented Meds By Hx:

- amlodipine(Hx): 10 mg, PO, daily
- atenolol(Hx): 50 mg, PO, twice daily
- bisacodyl (bisacodyl 5 mg oral delayed release tablet)(Hx): 5 mg, PO, daily
- calcium carbonate (Oyster Shell 500 (1250 mg calcium carbonate) oral tablet)(Hx): 1,250 mg, PO, daily
- chlorothalidone (chlorothalidone 25 mg oral tablet)(Hx): mg, PO, daily
- diclofenac topical (diclofenac 1% topical gel)(Hx): 4 g, Topical, four times daily, as needed, as needed for pain
- docusate-senna (Senna Plus)(Hx): PO, bedtime
- duloxetine(Rx): 60 mg, PO, daily
- emollients, topical (DermaCerin topical cream)(Hx): 1 application, Topical, twice daily
- emollients, topical (Hydrocerin)(Hx): Topical
- finasteride(Hx): 5 mg, PO, daily
- fluticasone nasal(Hx): Nasal, daily
- fluticasone-salmeterol (Advair HFA 45 mcg-21 mcg/inh inhalation aerosol)(Hx): Inhalation, twice daily
- fluticasone-salmeterol (Advair HFA 45 mcg-21 mcg/inh inhalation aerosol)(Rx): 2 PUFF, Inhalation, twice daily
- gabapentin(Hx): 200 mg, PO, twice daily
- gabapentin (gabapentin 100 mg oral capsule)(Rx): 200 mg, PO, four times daily
- glipizide(Hx): 5 mg, PO, twice daily

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VCU Medical Center

Printed: 10/8/20 10:44 AM
By: HAYES (REFH015), BRITNEY

Pulmonary OP Estab Visit

LUCAS, CASEL

Age: 51Y Gender: M DOB: 08/08/1969 MRN: 4369269 Phone: 8043333577

Date/Time 09/10/20 10:45am Author MYTINGER, ANDREA Status Preliminary Source VCUHL7

-hydroxyzine(Hx): 25 mg, PO, four times daily, as needed, as needed for anxiety
 -ipratropium (Atrovent HFA)(Hx): Inhalation, four times daily
 -ipratropium (Atrovent HFA 17 mcg/inh inhalation aerosol)(Rx): 2 PUFF, Inhalation, four times daily
 -levalbuterol (Xopenex HFA 45 mcg/inh inhalation aerosol)(Hx): 2 PUFF, Inhalation, four times daily, as needed, as needed for wheezing
 -linaclootide (Linzess 145 mcg oral capsule)(Hx): mcg, PO, daily
 -mirtazapine(Hx): 45 mg, PO, bedtime
 -montelukast(Hx): 10 mg, PO, daily
 -omeprazole(Hx): 20 mg, PO, daily
 -oxybutynin(Hx): 5 mg, PO, three times a day
 -polycarbophil (Fiber Laxative)(Hx): 0.52 gm, PO, daily
 -rosuvastatin(Hx): 10 mg, PO, bedtime
 -saliva substitutes (Biotene Mouthwash)(Hx): 2 sprays, PO, daily, as needed, as needed for dry mouth
 -tamsulosin(Hx): 0.4 mg, PO, daily
 -tetrahydrozoline ophthalmic (Visine)(Hx): 2 Drops, Both Eyes, twice daily, as needed, as needed for dry eyes
 -trazodone(Hx): 50 mg, PO, bedtime

Allergies as charted in the allergies profile as of 09/10/20 11:16:13.

lithium - Hives, Hypertension

Trilafon - Hives

valproic acid - Hives

Physical Exam:

deferred given telephone visit

Labs:

Cr 0.9

Imaging:

CXR: none in system

CT: A/P from 8/2019 available. lung bases with mild bronchiectasis, otherwise unremarkable

TTE: patient declined to show to last appointment

PFT: 8/2020

[IMAGE REMOVED]

[IMAGE REMOVED]

Sleep Study: none in system

Assessment/Plan: 51 yo male with ho HTN, GERD, allergic rhinitis, and reactive airways disease in the setting of multiple military gas Inhalational exposures who is scheduled for follow up.

>>reactive airways disease: In the setting of multiple military gas exposures. PFTs consistent with mild obstruction, symptoms relieved with BDs though not BD responsive. given obstruction on PFTs, please add on LAMA such as tiotropium or equivalent. can dc atrovent once LAMA added. continue advair and PRN xopenex.

- pending symptoms at follow up visit, will consider CT imaging. CXR not performed, patient not wanting to come to MCV if can avoid it

>>PND, lower extremity edema: as per reported at last visit. no showed TTE yesterday. patient and nurse informing me that ultrasound tech will be present at facility tomorrow. please obtain full transthoracic echocardiogram, will also place order in cerner.

>>GERD: symptoms improved, continue BID PPI

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VCU Medical Center

Printed: 10/8/20 10:44 AM

By: HAYES (REFH015), BRITNEY

Pulmonary OP Estab Visit

LUCAS, CASEY

Age: 51Y Gender: M DOB: 08/08/1969 MRN: 4369269 Phone: 8043333577

Date/Time 09/10/20 10:45am Author MYTINGER, ANDREA Status Preliminary Source VCUHL7

>>allergic rhinitis: still with daily rhinitis. on singulair, ocean nasal spray and singulair. please add on anti-histamine such as cetirizine or equivalent.

RTC 4 months.

Discussed with Dr. Fowler, pulmonary attending.

Andrea Mytinger, DO

Pulmonary/Critical Care Fellow

=====

PERFORM Performed By: ANDREA KATHERINE MYTINGER 20200910110018 is COMPLETED

MODIFY Performed By: ANDREA KATHERINE MYTINGER 20200910110555 is COMPLETED

SIGN Performed By: ANDREA KATHERINE MYTINGER 20200910112836 is COMPLETED

MODIFY Performed By: ANDREA KATHERINE MYTINGER 20200910112836 is COMPLETED

Author: MYTINGER, ANDREA

Pulmonary OP Estab Visit

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Page 3 of 3

VCU HEALTH SYSTEM

Name: LUCAS, CASEL	ID: 4369269	BSA: 2.08	Date: 08/06/2020
Tech: Sandiford, Michelle	Height: 72.00	Age: 50	DOB: 08/08/1969
Doctor: ADULT PULM CONSULT	Weight: 188.00	Sex: Male	Race: Black

Diagnosis: R06.0

Tbco Prod:

Yrs Smk:

Pks/Day:

Yrs Quit:

Medications:

Pre Test Comments:

Post Test Comments: Inconsistent patient effort and cooperation ; results did not meet ATS criteria for acceptability and repeatability. Post-bronchodilator completed after 2.5 mg albuterol nebulized. Inspiratory volume < 90% VC on DLCO attempted measurement not reportable .

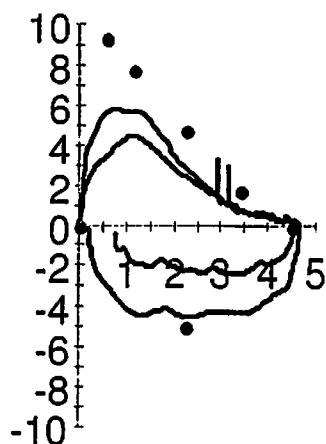
	Pre-Bronch			Post-Bronch		
	<u>Actual</u>	<u>Pred</u>	<u>%Pred</u>	<u>Actual</u>	<u>%Pred</u>	<u>%Chng</u>
--- SPIROMETRY ---						
FVC (L)	4.68	4.50	103	4.57	101	-2
FEV1 (L)	3.16	3.60	87	2.97	82	-6
FEV1/FVC (%)	68	80	84	65	81	-3
PEF 25% (L/sec)	5.66	7.82	72	4.44	56	-21
PEF 50% (L/sec)	2.63	4.73	55	2.25	47	-14
PEF 75% (L/sec)	0.65	1.69	38	0.58	34	-11
PEF 25-75% (L/sec)	1.88	3.53	53	1.68	47	-10
PEF Max (L/sec)	5.72	9.33	61	4.44	47	-22
FIVC (L)	4.48			3.79		-15
FIF Max (L/sec)	4.56			2.43		-46
FIF 50% (L/sec)	4.54	4.98	91	2.24	44	-50
Expiratory Time (sec)	7.03			6.37		-9
--- LUNG VOLUMES ---						
SVC (L)	5.03	4.49	112			
IC (L)	1.53	2.96	51			
ERV (L)	3.49	1.53	228			
TGV (L)	5.34	3.53	151			
RV (Pleth) (L)	1.84	2.00	92			
TLC (Pleth) (L)	6.87	6.48	105			
RV/TLC (Pleth) (%)	27	30	90			
Trapped Gas (L)						

Post-Test Comments:

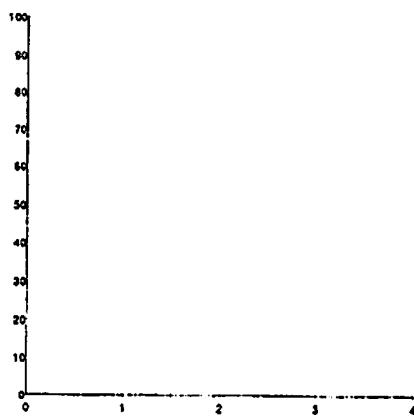
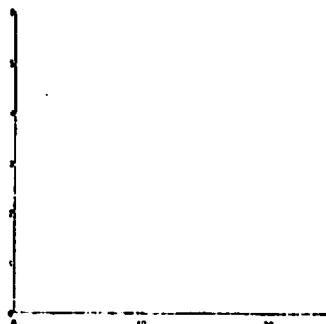
Inconsistent patient effort and cooperation ; results did not meet ATS criteria for acceptability and repeatability. Post-bronchodilator completed after 2.5 mg albuterol nebulized. Inspiratory volume < 90% VC on DLCO attempted measurement not reportable .

VCU HEALTH SYSTEM

Name: LUCAS, CASEL	ID: 4369269	BSA: 2.08	Date: 08/06/2020
Tech: Sandiford, Michelle	Height: 72.00	Age: 50	DOB: 08/08/1969
Doctor: ADULT PULM CONSULT	Weight: 188.00	Sex: Male	Race: Black



• Pred — Pre — Post



VCU HEALTH SYSTEM

Name: LUCAS, CASEL	ID: 4369269	BSA: 2.08	Date: 08/06/2020
Tech: Sandiford, Michelle	Height: 72.00	Age: 50	DOB: 08/08/1969
Doctor: ADULT PULM CONSULT	Weight: 188.00	Sex: Male	Race: Black

Spirometry reveals mild obstructive lung disease. Lung volumes are within normal limits. The flow volume loop indicates obstructive lung disease. Interpret with caution given the patient's difficulty with performance of pulmonary function studies.

Alpha A. Fowler, III, MD, #8510

«This interpretation has been electronically signed: Fowler, Alpha 08/10/2020 02:52:52 PM»»

VCU Medical Center

Printed: 10/19/20 11:20 AM
By: HAYES (REFH015), BRITNEY

CV: Echo Transthoracic-Adult

LUCAS, CASEL

Age: 51Y Gender: M DOB: 08/08/1969 MRN: 4369269 Phone: 8043333577

Date/Time 10/16/20 02:14pm Author MYTINGER, ANDREA Status Auth (Verified) Source VCUHL7

VCU Medical Center
1200 E. Marshall Street
Richmond, VA 23298
Phone: 804-828-9986

Transthoracic Echocardiography Report

Name: LUCAS, CASEL Study Date: 10/16/2020 02:14 PM

Attending Physician: MYTINGER,

ANDREA Accession#: AH2026003

MRN: 4369269 Patient Location: KAHS...VCUHS

DOB: 08/08/1969 Gender: Male

Age: 51 yrs BP: 129/93 mmHg

Height: 71.5 in Weight: 201 lb

BSA: 2.1 m2

Heart Rate: 58

Reason For Study: Dyspnea

History: Hypertension, diabetes

meillitus

PROCEDURE

Procedure(CPT Code): TTE Complete (93306-26) 2D with Doppler and Color Flow:
No add on codes required).

Interpretation Summary

Normal left ventricular dimensions with normal segmental function, ejection fraction, global longitudinal strain, and diastolic function.

The right ventricle is normal in size and function with mildly elevated systolic pressure.

Normal valves.

Normal atrial and inferior vena caval dimensions.

B4

LEFT VENTRICLE

Normal left ventricular dimensions with normal segmental function, ejection fraction, global longitudinal strain, and diastolic function. LV ejection fraction = 60%.

RIGHT VENTRICLE

The right ventricle is normal in size and function.

LEFT ATRIUM

The left atrial size is normal.

RIGHT ATRIUM

COPY

VCU Medical Center

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CV: Echo Transthoracic-Adult

LUCAS, CASEL

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Date/Time 10/16/20 02:14pm Author MYTINGER, ANDREA Status Auth (Verified) Source VCUHL7

Right atrial size is normal.

AORTIC VALVE

The aortic valve is normal in structure and function.

MITRAL VALVE

Structurally normal mitral valve with trivial regurgitation.

TRICUSPID VALVE

Structurally normal tricuspid valve with mild regurgitation. Tricuspid regurgitation peak velocity is 2.8 m/sec. Estimated right atrial pressure is 5 mmHg. Estimated right ventricular systolic pressure is 36 mmHg. Mild elevation of right ventricular systolic pressure.

PULMONIC VALVE

Structurally normal pulmonic valve. Trace pulmonic valvular regurgitation.

ARTERIES

The aortic root is normal size. The proximal ascending aorta appears normal. The transverse aorta appears normal. The proximal descending aorta appears normal. The pulmonary artery is normal size.

VENOUS

The inferior vena cava is normal in size.

EFFUSION

Insignificant pericardial effusion or subepicardial fat.

Normal Values

IVSd: 0.7cm - 1.2cm LVIDd: 3.5cm - 5.5cm LVIDs: 2.5cm - 4.0cm

LVPWd: 0.7cm - 1.1cm LA: 1.9cm - 3.8cm Ao: 2.0cm - 3.7cm

EF: (55 - 75%) LA Area: <> RA Area: <>

RVd: 4.3cm LV Mass(Men): <> LV Mass(Women): <>

LV Mass Index(Men): <116g> LV Mass Index(Women): <96g>

MMode/2D Measurements \T\ Calculations

RVd: 3.7 cm LVIDd: 4.8 cm LV mass(C)d: 144.5 grams

IVSd: 0.85 cm LVIDs: 3.4 cm LV mass(C)dl:

LVPWd: 0.91 cm 68.0 grams/m2

Ao root diam: 3.6 cm asc Aorta Diam: 3.0 cm LA/Ao: 0.74
LA dimension: 2.7 cm desc Ao Diam: 1.4 cm LVOT diam: 2.3 cm

B7

COPY

MPA diam: 1.8 cm LVLs ap4: 7.2 cm TAPSE: 1.7 cm

VCU Medical Center

Printed: 10/19/20 11:20 AM
By: HAYES (REFH015), BRITNEY

CV: Echo Transthoracic-Adult

LUCAS, CASEL

Age: 51Y Gender: M DOB: 08/08/1969 MRN: 4369269 Phone: 8043333577

Date/Time 10/16/20 02:14pm Author MYTINGER, ANDREA Status Auth (Verified) Source VCUHL7

IVC Diam.: 1.4 cm RA ESA: 14.4 cm² LA A4Cs: 15.7 cm²

**LA ESV (MOD-BP): LA volume MOD BP Indexed:
44.0 ml**

20.7 ml/m²

Time Measurements

Aortic R-R: 1.0 sec

Aortic HR: 59.0 BPM

Doppler Measurements & Calculations

MV E max vel: 46.2 cm/sec MV dec slope: 145.5 cm/sec2Ao V2 max: 89.5 cm/sec

MV A max vel: 39.9 cm/sec MV dec time: 0.32 sec Ao max PG: 3.0 mmHg

MV E/A: 1.2 Ao V2 mean: 62.2 cm/sec

Ao mean PG: 1.8 mmHg

Ao V2 VTI: 19.5 cm

AVA(I,D): 3.1 cm²

AVA(V,D): 3.2 cm²

LV V1 max PG: 2.0 mmHg CO(LVOT): 3.5 l/min TR max vel: 278.3 cm/sec

LV V1 mean PG: 1.0 mmHg SV(LVOT): 60.1 ml TR max PG: 31.3 mmHg

LV V1 max: 71.1 cm/sec

LV V1 mean: 47.2 cm/sec

LV V1 VTI: 15.0 cm

AV VR: 0.79 MV P1/2t-pr.: 93.0 msec RV S Vel: 9.4 cm/sec

AVA(VTI)/BSA: 1.5

MV LAT E': 10.3 cm/sec MV LAT E/E': 4.5 MV MED E': 8.8 cm/sec

MV MED E/E': 5.2

COPY

Electronically Signed By:

Walter Paulsen, MD on 10/17/2020 03:52 PM

Performed By: Cara Martin

MRN: 4369269

Please click on link to see image.

VCU Medical Center

Printed: 10/19/20 11:20 AM
By: HAYES (REFH015), BRITNEY

CV: Echo Transthoracic-Adult

LUCAS CASEL

Age: 51Y Gender: M DOB: 08/08/1969 MRN: 4369269 Phone: 8043333577

Date/Time 10/16/20 02:14pm Author MYTINGER, ANDREA Status Auth (Verified) Source VCUHL7

=====

ORDER Performed By: ANDREA KATHERINE MYTINGER 20201016141446 is COMPLETED

PERFORM Performed By: WALTER H.J. PAULSEN 20201016141446 is COMPLETED

VERIFY Performed By: WALTER H.J. PAULSEN 20201016141446 is COMPLETED

Author: MYTINGER, ANDREA

CV: Echo Transthoracic-Adult

BN

COPY

Capital F. WUCS
VSP# 1035073
for claim
NON Compliance of Stipulated Agreement
Exhibits

Exhibit

14

Regional Director appeal
Reasonable accommodation denied



COMMONWEALTH OF VIRGINIA

Department of Corrections

Division of Operations

Eastern Region

Gregory L. Holloway
Regional Operations Chief

14545 Old Belfield Road
Capron, VA 23829
(434) 658-4368

July 2, 2020

C. Lucas 1080673
Haynesville Correctional Center
P.O. Box 129
Haynesville, Virginia 22472

Dear C. Lucas:

Although your concerns are appreciated and noted, there was no evidence enclosed to support the proper utilization of the *Offender Grievance Procedure* (OP 866.1). In addition, HCC20-REG-00046 is due a response to you on July 5, 2020. Please note the below information which you can use as guidance when attempting to have your issues addressed via the grievance procedure.

Before a grievance issue can be reviewed outside the institutional level, an exhaustion of that level must be demonstrated which begins with the submission of an informal complaint. If the staff fails to respond, you can still choose to submit your regular grievance to the Institutional Ombudsman by attaching the complaint form and/or receipt with the grievance. If staff determines that your *grievance* does not meet the intake criteria, you can *then* forward the package to this office for appeal review. If no receipt was issued to you within two working days, then you are advised to speak with your Unit Manager either in person or via request form so that he/she can inquire into the status of your document(s). Please utilize the procedures designed to investigate and bring resolution to grievable matters. With only a few exceptions, remember grievances must be filed within thirty days from date of occurrence of the alleged incident.

If you have questions regarding filing procedure, you may direct them to the Grievance staff at your facility and/or refer to OP 866.1.

Sincerely

K. Cosby, Regional Ombudsman
Eastern Regional Office

/kwc

You never rec'd any of the
Documents I sent to you in
this envelope. There were 2
2 were for you to Review the Injunction

No Evidence Really All the Evidence is the with your

Stamp

100%

Now

Get it

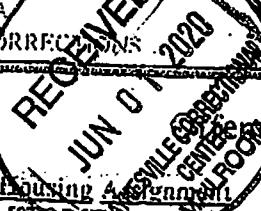
3rd off

AM

100% with
Whorley et al. v. Northam et al.
Case No. 3:20-cv-00255
Stipulated Settlement Agreement

VIRGINIA
DEPARTMENT OF CORRECTIONS

Offender Request 801-01-7-1



DIRECTIONS

1. Fill in your Name, Number, Full Housing Assignment
2. Please Print your request; KEEP IT BRIEF
3. Drop in the appropriate Mail Box
4. Requests may be returned unanswered if addressed to the wrong department or if duplicate requests are sent.

JUN 01, 2020

OPERATIONS

MAIL ROOM

WILLIE GORDON

MAIL ROOM

WILLIE G



VIRGINIA DEPARTMENT OF CORRECTIONS

Grievance Receipt

866.1 A-3

DOC Location: HCC Haynesville Correctional Center
 Report generated by Hand, P W
 Report run on 06/24/2020 at 10:29 AM

Grievance Number: HCC-20-INF-01192Next Action Date: 07/09/2020 12:00 AM

On this date:	06/24/2020	I have received a statement from:
Lucas, Casel F	1080673	of Haynesville Correctional Center HU2-A-38-B
(Offender Name and DOC#)		(Filed Location and Housing)
Setting out the following complaint:		
R Brown, IO - Complaint about reasonable accommodations regard IERP.		
<i>P Hand</i> (Signature)	655 (Title)	



DO NOT RETURN THIS BECAUSE OF THE ATTACHMENT MUST BE INCLUDED AS PROOF OF
 VIRGINIA MY FILING THE REQUESTABLE ACCOMMODATION INFORMAL COMPLAINT 866 F3 417
 DEPARTMENT OF CORRECTIONS REQUEST AS THE DOP013 DEMANDS THIS IS AN APPEAL TO HIS ACTION

Informal Complaint

INSTRUCTIONS FOR FILING: Briefly write your issue in the space provided on the Informal Complaint form, preferably in ink. Only one issue per Informal Complaint. Place your complaint in the designated area at your facility. A receipt is issued within 2 working days from the date received if the informal complaint is not returned during intake. If no response is received within 15 calendar days, you may proceed in filing a regular grievance. You may utilize your receipt as evidence of your attempt to resolve your complaint.

An Informal Complaint is not required for an alleged incident of sexual abuse.

Carol F. Lucas 1088673 2-A-38-B
 Offender Name Offender Number Housing Assignment
 Facility ADA Coordinator (Please check) RECEIVED 25/06/2020
 Individuals Involved in Incident Date/ Time of Incident

<input type="checkbox"/> Unit Manager/Supervisor	<input type="checkbox"/> Food Service	<input type="checkbox"/> Institutional Program Manager
<input type="checkbox"/> Personal Property	<input type="checkbox"/> Commissary	<input type="checkbox"/> Mailroom
<input type="checkbox"/> Medical Administrator	<input type="checkbox"/> Other (Please specify)	GRIEVANCE CENTER

Briefly explain the nature of your complaint (be specific): A REQUEST FOR REQUESTABLE ACCOMMODATIONS
 REQUESTED TO file a REQUESTABLE ACCOMMODATIONS REQUEST taking for an DOP013
 ACCOMMODATION TO BE MADE FOR ME WITHIN THE IERP Early Release Program which is
 DISCREMINATORY IN NATION LANGUAGE AND BEING PRACTICED BY VADOC Waynesville Employees
 by NOT Addressing my REQUESTABLE ACCOMMODATION REQUEST Properly by the Facility
 ADA Coordinator. The REQUEST I sent is attached showing and Proving I
 MADE THE WRITTEN REQUEST AS POLICY DICTATED. Yet the Correct Action was not taken.

Offender Signature Carol F. Lucas Date 21/06/2020

Offenders - Do Not Write Below This Line

Date Received: 6-24-2020 Tracking # HCC 20-INF-01192
 Response Due: 7-9-2020 Assigned to: R. Brown TO
 Action Taken/Response:

Respondent Signature _____ Printed Name and Title _____ Date _____

WITHDRAWAL OF INFORMAL COMPLAINT:

I wish to voluntarily withdraw this Informal Complaint. I understand that by withdrawing this Informal Complaint, I will not receive a response nor will I be able to file any other Informal Complaint or Grievance on this issue.

Offender Signature: _____ Date: _____

Staff Witness Signature: _____ Date: _____

Witness by Staff is Submitted to Ombudsman and a copy.

Revision Date: 4/28/17
 110

Label f. NCCAS
VSP# 1091613
Joint Claim
Non Compliance To Stipulated Settlement
Exhibit

Exhibit

15

Evidence of Discrimination I ERP

- Alcc-20-Inf-00131 IERP discrimination
- Alcc-20-Inf-01192 IERP Reasonable accommodation
- Alcc-20-Inf-00106 Food Service Discrimination
- Alcc-20-Inf-00545 Staff Refusal To Wear PPE
- Alcc-20-Inf-00585 Cb Barnes Refusal To Obey Treatment
- Alcc-20-Inf-00559 J. Bennett Vado Pandemic Denial
Request Early Release Under COVID-19



VIRGINIA DEPARTMENT OF CORRECTIONS

Grievance Receipt Report

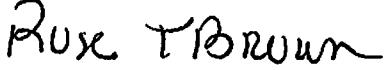
VACORIS C - #.0

DOC Location: HCC Haynesville Correctional Center

Report generated by Brown, R T

Report run on 04/28/2020 at 04:01 PM

Grievance Number: HCC-20-INF-00706Next Action Date: 5/13/2020 12:00:00 AM

On this date:	04/28/2020	I have received a statement from:
Lucas, Casel F 1080673 of		Haynesville Correctional Center HU2-A-38-B
(Offender Name and DOC#)		(Filed Location and Housing)
Setting out the following complaint:		
He states he was denied food because he was in Medical being triaged and 6A was in the chow on B-side while their building was being decontaminated. He states he decided not to get his meal because of this; therefore, he was denied a meal. (Rose T. Brown, IO)		
 (Signature)		 IO

Officer Initials: _____



VIRGINIA DEPARTMENT OF CORRECTIONS

Grievance Receipt

866.1 A-3

DOC Location: HCC Haynesville Correctional Center

Report generated by Hand, P W

Report run on 06/24/2020 at 10:29 AM

Grievance Number: HCC-20-INF-01192

Next Action Date: 07/09/2020 12:00 AM

On this date:	06/24/2020	I have received a statement from:
Lucas, Casel F	1080673	of Haynesville Correctional Center HU2-A-38-B
(Offender Name and DOC#)		(Filed Location and Housing)
Setting out the following complaint:		
R Brown, IO - Complaint about reasonable accommodations regard IERP.		
<i>P Han</i> (Signature)	<i>655</i> (Title)	



VIRGINIA my filing the Reasonable Accommodation Informal Complaint 866 13 4,17
 DEPARTMENT OF CORRECTIONS requested as in DOPC01 3 DCmons. THIS IS AN APPEAL TO THIS
 Action.

Informal Complaint

INSTRUCTIONS FOR FILING: Briefly write your issue in the space provided on the Informal Complaint form, preferably in ink. Only one issue per Informal Complaint. Place your complaint in the designated area at your facility. A receipt is issued within 2 working days from the date received if the informal complaint is not returned during intake. If no response is received within 15 calendar days, you may proceed in filing a regular grievance. You may utilize your receipt as evidence of your attempt to resolve your complaint.

An Informal Complaint is not required for an alleged incident of sexual abuse.

Case I F. NUC083 1000673 2-A-38-B
 Offender Name Offender Number Housing Assignment
 Facility ADA Coordinator Ms. Brown
 Individual Involved in Incident RECEIVED 6/24/2020 Date/ Time of Incident

<input type="checkbox"/> Unit Manager/Supervisor	<input type="checkbox"/> Food Service	<input type="checkbox"/> Institutional Program Manager
<input type="checkbox"/> Personal Property	<input type="checkbox"/> Commissary	<input type="checkbox"/> Mailroom
<input type="checkbox"/> Medical Administrator	<input type="checkbox"/> Other (Please Specify)	

Briefly explain the nature of your complaint (be specific): A REQUEST FOR REASONABLE ACCOMMODATION

REQUESTED I filed a Reasonable Accommodation REQUEST asking for an DOPC01.3 ACCOMMODATION TO BE MADE for ME with the IERF Family Release Program. Which is DISCRIMINATORY in Written language and being Practiced by VADDC Charlottesville Employees by NOT Addressing my REASONABLE ACCOMMODATION REQUEST Properly by the Facility ADA Coordinator. The REQUEST I sent is attached showing and Proving I MADE the Written REQUEST as Policy dictated. Yet the Correct Action was not taken.

Offender Signature Carolyn Wilson Date 6/24/2020

Offenders - Do Not Write Below This Line

Date Received: 6-24-2020

Tracking # HRC 20-DNF-01192

Response Due: 7-9-2020

Assigned to: R. Brown TO

Action Taken/Response:

Respondent Signature

Printed Name and Title

Date

WITHDRAWAL OF INFORMAL COMPLAINT:

I wish to voluntarily withdraw this Informal Complaint. I understand that by withdrawing this Informal Complaint, I will not receive a response nor will I be able to file any other Informal Complaint or Grievance on this issue.

Offender Signature: _____ Date: _____

Staff Witness Signature: _____ Date: _____

Witnessed by Staff and Submitted to Ombudsman and a Copy.

Revision Date: 4/28/17
L.T. D. L.



VIRGINIA DEPARTMENT OF CORRECTIONS

Grievance Receipt

866.1 A-3

DOC Location: HCC Haynesville Correctional Center

Report generated by Hand, P W

Report run on 06/16/2020 at 03:59 PM

Grievance Number: HCC-20-INF-01137Next Action Date: 07/01/2020 12:00 AM

On this date:	06/16/2020	I have received a statement from:	
Lucas, Casel F		1080673	of Haynesville Correctional Center
		(Offender Name and DOC#)	
		(Filed Location and Housing)	
Setting out the following complaint:			
S Westman - Complaint about IERP has no mention to include offender with disabilities.			
<i>PH</i> <i>Hand</i> (Signature)		OSS (Title)	



VIRGINIA DEPARTMENT OF CORRECTIONS

Grievance Receipt

866.1 A-3

DOC Location: HCC Haynesville Correctional Center

Report generated by Hand, P W

Report run on 04/13/2020 at 12:15 PM

Grievance Number: HCC-20-INF-00545Next Action Date: 04/28/2020 12:00 AM

On this date:	04/13/2020	I have received a statement from:
Lucas, Casel F	1080673	Haynesville Correctional Center of HU2-A-38-B
(Offender Name and DOC#)		(Filed Location and Housing)
Setting out the following complaint:		
Lt. Dobyns - Complaint officer was not wearing a mask during count on 4-11-2020.		
<i>VP Hand</i> (Signature)	DSS (Title)	

DEPARTMENT OF CORRECTIONS

Informal Complaint

INSTRUCTIONS FOR FILING: Briefly write your issue in the space provided on the Informal Complaint form, preferably in ink. Only one issue per Informal Complaint. Place your complaint in the designated area at your facility. A receipt is issued within 2 working days from the date received if the informal complaint is not returned during intake. If no response is received within 15 calendar days, you may proceed in filing a regular grievance. You may utilize your receipt as evidence of your attempt to resolve your complaint. By: GRIEVANCE OFFICE
An Informal Complaint is not required for an alleged incident of sexual abuse.

CASEL F. LUCAS

Offender Name

Unit Officer

Individuals Involved in Incident

1080673

Offender Number

2-A-38-B

Housing Assignment

11 April 2020 1:30 AM

Date/ Time of Incident

Unit Manager/Supervisor
 Personal Property
 Medical Administrator

Food Service
 Commissary
 Other (Please Specify): Officer NOT WEARING MASK

Institutional Program Manager
 Mailroom

Briefly explain the nature of your complaint (be specific):

On 11 April 2020, The Officer On My Count Was Asked Why Are you Mask. He Said He didn't Know.

NO - One Here is Sick, We can Only get it from A Staff Member.

Offender Signature

Casey L. Lucas

Date

11 Apr. 2020

Offenders - Do Not Write Below This Line

Date Received: 4-13-2020Tracking # HCC-20-INT-00545Response Due: 4-28-2020Assigned to: LT Dobyns

Action Taken/Response:

Respondent Signature

Printed Name and Title

Date

WITHDRAWAL OF INFORMAL COMPLAINT:

I wish to voluntarily withdraw this Informal Complaint. I understand that by withdrawing this Informal Complaint, I will not receive a response nor will I be able to file any other Informal Complaint or Grievance on this issue.

Offender Signature:

Date:

Staff Witness Signature:

Date:



VIRGINIA DEPARTMENT OF CORRECTIONS

Grievance Receipt

866.1 A-3

DOC Location: HCC Haynesville Correctional Center

Report generated by Hand, P W

Report run on 04/14/2020 at 10:25 AM

Grievance Number: HCC-20-INF-00585Next Action Date: 04/29/2020 12:00 AM

On this date:	04/14/2020	I have received a statement from:
Lucas, Casel F	1080673	of Haynesville Correctional Center HU2-A-38-B
(Offender Name and DOC#)		(Filed Location and Housing)
Setting out the following complaint:		
Capt. White - Complaint about C/O Barns not letting him medical for breathing treatment.		
<i>P Hand</i> (Signature)	<i>DSS</i> (Title)	

RECEIVED

MAY - 7 2020

By: GRIEVANCE OFFICE

Page 1 of 1

Rev. 03/30/2009



VIRGINIA

DEPARTMENT OF CORRECTIONS

Informal Complaint 866_F3_4-17

Informal Complaint

INSTRUCTIONS FOR FILING: Briefly write your issue in the space provided on the Informal Complaint form, preferably in ink. Only one issue per Informal Complaint. Place your complaint in the designated area at your facility. A receipt is issued within 2 working days from the date received if the informal complaint is not returned during intake. If no response is received within 15 calendar days, you may proceed in filing a regular grievance. You may utilize your receipt as evidence of your attempt to resolve your complaint. An Informal Complaint is not required for an alleged incident of sexual abuse.

Carol F. Lucas

Offender Name

1080673

Offender Number

Z-A-36-B

Housing Assignment

CJ BARNES, Medical Officer

Individuals Involved in Incident

13 April 2020 15:15 hrs.

Date/ Time of Incident

Unit Manager/Supervisor
 Personal Property
 Medical Administrator

Food Service
 Commissary
 Other (Please Specify): CJ BARNES Violated The HIPPA Law

Institutional Program Manager
 Mailroom

Briefly explain the nature of your complaint (be specific): ON 13 April 2020 at 15:15 hrs. I Requested a Breathing Treatment. To See Medical for a Breathing Treatment. CJ BARNES called Medical and was told by CJ BARNES He was busy & told one of the Nurses, Ms. Davis told Lt. Dobbs to call CJ BARNES and was told the same thing. I was sent by Ms. Davis and when I got to Medical at 15:15 hrs. in the DMR for 10 minutes. Officer BARNES did not come to the DMR. Ms. Norel Property Officer called him still no answer. I returned to the Builid. My Breathing Treatment is not prescribed under the HIPPA law. Security cannot dictate my treatment, nor deny me. This is Detainee MC and my Doctor.

Offender Signature (Carol F. Lucas) 1080673

Date 13 April 2020

Offenders - Do Not Write Below This Line

Date Received: 4-14-2020

Tracking # HCC-20-INF-60585

Response Due: 4-29-2020

Assigned to: Capt White

Action Taken/Response:

RECEIVED

MAY - 7 2020

Respondent Signature

By: GRIEVANCE OFFICE

Printed Name and Title

Date

WITHDRAWAL OF INFORMAL COMPLAINT:

I wish to voluntarily withdraw this Informal Complaint. I understand that by withdrawing this Informal Complaint, I will not receive a response nor will I be able to file any other Informal Complaint or Grievance on this issue.

Offender Signature:

Date:

Staff Witness Signature:

Date:



VIRGINIA

DEPARTMENT OF CORRECTIONS

Emergency Grievance 866_F4_4-16

Emergency Grievance Log # 8951

Emergency Grievances are provided for offender reporting and expedited staff responses to allegations that an offender is subject to a substantial risk of imminent sexual abuse and to situations or conditions which may subject the offender to immediate risk of serious personal injury or irreparable harm.

LUCAS

Offender Last Name

Case 1

First

1080673

HCC

2-A-88-B

Building-Cell/Bed

PART A- OFFENDER CLAIM

What is the emergency? On 13 April 2020 at 1515 hrs, I requested that I got a Medical for Breathing Treatment by C/o Ms. Davis. She called and spoke to C/o DABRS. Refused Me my Treatment said he was busy so where the numbers. The H. DOBYNS also called him again he refuse. I was sent by C/o Davis when I ARRIVED. A Medical I Panted on the DOOR for 10 minutes. C/o DABRS refused to come to the DOOR. I had C/o Davis tell on him. Still did not come. He violated the H. DOBYNS. By Refusing my Breathing treatment. I am a patient in the hospital. I am not a doctor. I am a patient. I am not a doctor.

13 April 2020 Date/Time 15:930HR

Case 1 Offender Signature and Number 1080673

PART B- STAFF RESPONSE

(This part is to be completed and returned to the offender within eight (8) hours.)

Your grievance does not meet the definition for an emergency. Action Taken/Recommended:

<input type="checkbox"/> Submit Informal Complaint	<input type="checkbox"/> Evaluated by Medical: Date Seen _____
<input type="checkbox"/> Submit Sick Call Request	<input type="checkbox"/> Send an Offender Request To: _____
<input type="checkbox"/> Submit Request to Dental	<input type="checkbox"/> Other (Provide detailed explanation below)

Your grievance has been determined to be an emergency and the following action has been taken:

<input type="checkbox"/> Sent to Hospital: Date Transported	<input type="checkbox"/> Other (Provide detailed explanation below)
---	---

Date/Time

Respondent Signature

Name/Title Printed

PREA - Alleged incident of sexual abuse or sexual harassment; Shift Commander, Facility Unit Head or Administrative Duty Officer, and facility PREA Compliance Manager notified

Alleged sexual abuse or sexual harassment Will be referred for Investigation

Determination by:

Signature

Name/Title Printed

Date/Time

Distribution: Original Grievance returned to Offender, Copy forwarded to Institutional Ombudsman/Grievance Coordinator

[Detach here]

PART C- RECEIPT

Log #: 8951

2A-38B

Offender Last Name

First

Number

Facility

Building-Cell/Bed

I acknowledge receipt of this complaint from the above offender. [Complete and issue to offender if taking from his/her presence for response.]

4/13/2020

1535

S

211K

D Wright T/D

Date/Time

Recipient's Signature (Staff Member)

Name/Title Printed



VIRGINIA DEPARTMENT OF CORRECTIONS

Grievance Receipt

866.1 A-3

DOC Location: HCC Haynesville Correctional Center

Report generated by Hand, P W

Report run on 06/24/2020 at 09:58 AM

Grievance Number: HCC-20-INF-01191Next Action Date: 07/09/2020 12:00 AM

On this date:	06/24/2020	I have received a statement from:
Lucas, Casel F	1080673	Haynesville Correctional Center of HU2-A-38-B
(Offender Name and DOC#)		(Filed Location and Housing)
Setting out the following complaint:		
R Brown, IO - Ombudsman violations of the stipulated settlement agreement COVID19 Whorley v Northam.		
<i>P Hand</i> (Signature)	OSS (Title)	

RECEIVED

VIRGINIA
DEPARTMENT OF CORRECTIONS

JUN 24 2020

Informal Complaint 866_F3_4-17

By: Informal Complaint Office

INSTRUCTIONS FOR FILING: Briefly write your issue in the space provided on the Informal Complaint form, preferably in ink. Only one issue per Informal Complaint. Place your complaint in the designated area at your facility. A receipt is issued within 2 working days from the date received if the informal complaint is not returned during intake. If no response is received within 15 calendar days, you may proceed in filing a regular grievance. You may utilize your receipt as evidence of your attempt to resolve your complaint.

An Informal Complaint is not required for an alleged incident of sexual abuse.

Carroll T. Lucas 108073 2-A-38-B
 Offender Name Offender Number Housing Assignment
 Ombudsman ABBAWY April 2020, 2020 to 2020
 Individuals Involved in Incident Date/Time of Incident

Unit Manager/Supervisor Food Service Institutional Program Manager
 Personal Property Commissary Mailroom
 Medical Administrator Other (Please Specify): _____

Briefly explain the nature of your complaint (be specific). Ombudsman Violations of the Extended Settlement Agreement COVID19 Whorley et al v. Northam et al. Case No: 3:20-cv-00255 pg. 4 (C). Defendants agree to provide written evidence to grievance coordinators at VCCC facilities relating to grievances related to COVID19 as well as regards to abide by COVID19 related policies and protocols. This complaint follows with those grievances HCC-20-INF-00585, HCC-20-INF-00559, HCC-20-INF-00506, HCC-20-INF-00545 these grievances are all COVID19 related. Policies & Protocols. I did not intake because they violated the safety & health of myself, staff, and all inmates. This is the second informal complaint I have filed on this. No response given on filed file date. Offender Signature Carroll T. Lucas Date 02 Jun 2020

Offenders - Do Not Write Below This Line

Date Received: 6-24-2020 Tracking # HCC-20-DNF-01191
 Response Due: 7-9-2020 Assigned to: R. Breeven ID
 Action Taken/Response: _____

Respondent Signature Printed Name and Title Date

WITHDRAWAL OF INFORMAL COMPLAINT:

I wish to voluntarily withdraw this Informal Complaint. I understand that by withdrawing this Informal Complaint, I will not receive a response nor will I be able to file any other Informal Complaint or Grievance on this issue.

Offender Signature: _____ Date: _____

Staff Witness Signature: _____ Date: _____

Witnessed by staff submitted to Ombudsman Institutional Mail. This is my signature. Revision Date: 4/28/17



VIRGINIA DEPARTMENT OF CORRECTIONS

Grievance Receipt

866.1 A-3

DOC Location: HCC Haynesville Correctional Center

Report generated by Hand, P W

Report run on 04/13/2020 at 12:15 PM

Grievance Number: HCC-20-INF-00545Next Action Date: 04/28/2020 12:00 AM

On this date:	04/13/2020	I have received a statement from:
Lucas, Casel F	1080673	Haynesville Correctional Center of HU2-A-38-B
(Offender Name and DOC#)		(Filed Location and Housing)
Setting out the following complaint:		
Lt. Dobyns - Complaint officer was not wearing a mask during count on 4-11-2020.		
<i>WP Hand</i> (Signature)	<i>OSS</i> (Title)	

Informal Complaint

RECEIVED

INSTRUCTIONS FOR FILING: Briefly write your issue in the space provided on the Informal Complaint form, preferably in ink. Only one issue per Informal Complaint. Place your complaint in the designated area at your facility. A receipt is issued within 2 working days from the date received if the informal complaint is not returned during intake. If no response is received within 15 calendar days, you may proceed in filing a regular grievance. You may utilize your receipt as evidence of your attempt to resolve your complaint. BY: GRIEVANCE OFFICE

An Informal Complaint is not required for an alleged incident of sexual abuse.

CASEL F. LUCAS 1080673 2-A-38-B

Offender Name	Offender Number	Housing Assignment
Unit Officer		11 April 2020 1:30 AM
Individuals Involved in Incident		Date/ Time of Incident

Unit Manager/Supervisor
 Personal Property
 Medical Administrator

Food Service
 Commissary
 Other (Please Specify): Officer NOT WEARING MASK

Institutional Program Manager
 Mailroom

Briefly explain the nature of your complaint (be specific):

On 11 April 2020, The Officer On Duty Complainant was asked Why are you Masked. He said He didn't know.

NO - One Here is Sick, We can Only get it from A Staff Member.

Offender Signature CASEL F. LUCAS Date 11 Apr. 2020

Offenders - Do Not Write Below This Line

Date Received: 4-13-2020 Tracking # HCC-20-INT-00545

Response Due: 4-28-2020 Assigned to: 1st Dobbyns

Action Taken/Response:

Respondent Signature

Printed Name and Title

Date

WITHDRAWAL OF INFORMAL COMPLAINT:

I wish to voluntarily withdraw this Informal Complaint. I understand that by withdrawing this Informal Complaint, I will not receive a response nor will I be able to file any other Informal Complaint or Grievance on this issue.

Offender Signature: _____ Date: _____

Staff Witness Signature: _____ Date: _____

Case # 1:19-cv-1080673
Plaintiff: Lucas
Defendant: Fort Carson
Non Compliance of attached ~~Statement~~
Exhibits

EXHIBIT

#

16

Oppn) To Schedule Americans with
Disabilities Act Coordinator B MARIANO
Reasonable Accommodation Request Denied

② (6) Knee Degenerative Joint Disease of Both Knees & ankles.

Edam Braces, Knee P.R.C.E.S with Metal Rods on both Sides.
I am issued Ankle Braces To Prevent Me from Damaging my Ankles
and Joints I am issued a Walking Cane for Added Support and Mobility.
There are all injury from my Military Service.
that issued Special Injuries and Walk Supports, Bottom Back Profile.
in the DOP 801.3 A+B.

Procedure Pg. 3 Part E ADA Coordinator A+B

Pg. 2 Part II offenders with Disabilities (b) Facility Staff must ensure
that an individual with disabilities will not be excluded from participation
in or denied the benefits of services, programs, or activities of the
facility, or be subjected to discrimination.

Pg. 8 Part VI Durade Medical Equipment, Disability AIDS, Edm Prostheses A+B.

Page 8 part VI Facilities Services (1) accommodation will be provided to access
and fully participate in the programs and services.

On part VI Page 8 has been given to me, My Braces for knees, ankles,
a cane, and Ankle Walk supports and a Medical Bottom Back Profile.
No one has addressed my accommodation into I ERP. I was
told to file an I ERP Appeal with the Warden by the Counselor,
how come ADA Coordinator Ms. Eikenwood Miss All of these
Basic Rules of Managing offenders with Disabilities. I filed a
Reasonable Accommodation Request I knew this would happen. NO One
would Address my Reasonable Accommodation Request that Inmates
with Disabilities WERE EXCLUDED from the language of The IERP
when brought to the attention of To The Executive Coordinator, Prison Counselor
ADA Coordinator we have been brushed off, Ignored, and told I am wrong
You dont know what you are talking about etc. I am not wrong I am wrong
Done exactly as instructed by DOP 801.3. Yet the Disciplinary
Process and continues to be.

③ I Want to You When I first ~~filed~~ But The Accommodations Request. When informed you about what would happen and that has come to pass.

Now I am asking you to address these violations of the

VDCC DOP 801.3 Managing Offenders with Disabilities, American with Disabilities Act, and the Virginians with Disability Act.

I am not wrong and will not accept being treated so adversely by an State Government Employee of the Commonwealth of Virginia. It is completely illegal this blatant acts of Discrimination by these Virginia Dept. of Corrections employees.

I also that you immediately intervene on my behalf.

And immediately front my accommodations Request

of IERP and be granted approval for Early Release of COVID19 Declaration and The Stipulated Settlement

{ Pg. 2 Part II (1) Under the Early Release Plan, VDOC is also considering an individuals Health Condition. This has not been done

Pg. 4 of the Agreement b/c Conditional Parole I filed one under COVID19. On 5 June 2020 No Acknowledgement of Receiving this Parole by the Secretary of the Commonwealth.

(C.) I request the Parole Coordinator who failed to abide by this Agreement of Whorley v. Northam.

My concerns are unquestionably to benefit my own purpose.

I have no intentions of including anyone else in this.

I help another Woman Do the Same. The last time I thought to help other People. I was Denied for 20 years the very injuries I suffered for my Service in the Military in The Middle EAST. Thank You for your Service is an insult to me personally. especially if it does not come from a fellow Veteran or Service Member's families. I am Shared every single Day the Thanks for my Service in Somalia, Djibouti, Iraq, and Kuwait. Therefore being for myself I am only concerned for me, because again no one who Wrote that Iodic I ERP thought to include the language to include some as myself with Disabilities. this directly affects me, it directly discriminates against me a disabled Combat Veteran Honorable Discharged from the U.S. Army.

Please Address my concerns as soon as possible.

I am - Person Eligible 23 Dec. 2021 in my 1st Panel Hearing in I ERP and that would be accepted as Inclusion Status quo come Continue and we go through the motions of the Grievance Procedure, Tort Claim, 1983, and so on. (I am a Reservist man with a higher than average level of intelligence. I can negotiate a reasonable settlement that will satisfy those individuals for above your Pay Grade. Without having the Release be acceptable to the CADRE Position that would full benefits issued. I am still in the custody of VADOC I am however, working a real job. Paying my court cost & fines and preparing myself a substantial savings to ensure my success upon my release from VADOC. This is my goal and will achieve this goal for myself.

I thank you in advance, I eagerly await your response and decision.

Sincerely,
Carol F. Lucas

3) I have been working at the Warehouse as a Stock Clerk or Order filler Loading and Unloading Trucks. This is a Simple Solution to a very complex Problem.

I have enclosed the form to be completed

Send a copy of the completed form to me and one copy the original to the Dept of Veterans Affairs

210 Franklin Rd. S.W., Roanoke, Va. 24011

The CADRE Program is effectively a Work Release Program, I am working outside of the Security Perimeter of the Institution in a WAREHOUSE using a Forklift and other equipment to complete the job as a WAREHOUSE Worker or WAREHOUSE Clerk without having a Corrections Officer or the Worker be in the WAREHOUSE. That is what the CADRE Workers in the

Complex Problem that is before you today. The Worker must agree to the CADRE Position in the WAREHOUSE. I do not want to hear you don't qualify due to Current Crimes or Past Criminal History. Per DOP 830.5

PG. 4 Part D CADRE assignments & transfers within the last 10 yrs. It has been 22 years since my conviction and 5 year sentence for which I served.

(2) Eligibility Criteria. Pg. 18 (4) part 7 Eligibility Criteria (1) is a member of this institution in the Dept of Corrections, If the OMB

Mr. Roake DO An interim review of my classification. When now a Security level 1 inmate with 6 Security P.R. As of today. Rather as of April 2020. See the request forms & Evidence. I tell you I am within the Criteria at this point. Your staff does not respect this Policy. On 801.3 they did I would not be bringing this to you because I would have everything I requested.

Per Policy supports my position.

The EASY Solution to a Very Complex Problem. Statewide this is a nightmare to solve and extremely problematic and burdensome. Which I have no interest in. What I am requesting IS very reasonable. Double and legal and it keeps me in custody with NO DOP. I want your response. Please acknowledge the

VA State Bar
Deliberate
Indifference

Wreckless
ENDANGERMENT
for Claim

NOTICE OF CLAIM
Pursuant to Virginia Code §8.01-195.6

CERTIFIED MAIL - RETURN RECEIPT

TO:

Attorney General of the Commonwealth of Virginia
900 East Main Street
Richmond, Virginia 23219

Director
Department of General Services
Division of Risk Management
109 Governor Street, 4th Floor
James Madison Building

Re: Claimant: CASEL F. LUCAS

Date of Injury: 13 April 2020

Place of Injury: Virginia Digital Corrections Haynesville Correctional Center

To Whom It May Concern:

The Purpose of this correspondence is to make claim against the Commonwealth of Virginia and its departments or agencies and their responsible employees in regards to the damages and injuries as set forth in the accompanying Notice of Tort Claim Against the Commonwealth.

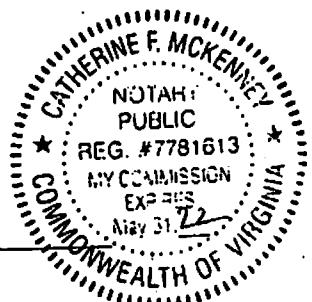
Please acknowledge receipt of this Notice and apprise me of your position in this matter.

Respectfully yours,

CASEL F. LUCAS

Date: 23 May 2020

Inmate# 1060673
Haynesville Correctional Center
Post Office Box 129
Haynesville, Virginia 22472



County/City of Richmond; Commonwealth of Virginia
The foregoing instrument was subscribed and sworn before me this

22 day of June, 2020.

CASEL F. LUCAS

(Name of person seeking acknowledgement)

Catherine F. McKenney

Notary Public

5-31-22

My Commission expires:

Notary Reg. No. 7781613

3. The date and location of the injury giving rise to this cause of action are:

Location: Shayville Correctional Center Virginia
Arms, Heart, and Mental Diseases.

Date: 13 April 2020

Deliberate Indifference 4. The nature of this claim and injury or damage is described as follows:
Wretched, Endangering Correctional Officer Poorns Denied Me Critical Chronic Care Treatment, I have Sustained Aggravation to the Military Disabilities that are Service Connected at 100% Disability Rating Schedule for 1.) Recurrent Upper Respiratory Infections, 2.) My Heart Has Suffered Greatly Because of the Strain and Stress of my Breathing and Respiratory Distress has caused the Right Side of My Heart to leak and Regurgitate Blood making my Heart Swell inside my Chest and My Hypertension go out of control when I am having anxiety Spells where I can not get out of bed because of my Service Connected PTSD which I suffer Extreme Anxiety as a Result of the Trauma I had to Endure by fighting Terrorist was aggravated by Correctional officer Poorns when He Denied me my Scheduled Chronic Care Treatment on the Breathing Machine DSC Nebulizer. C/o Poorns Did not Consult Medical Staff. C/o Poorns made this decision on his own. Violating the Virginia Dept of Corrections Operating Procedure 801.3 Managing Officers with Disabilities Page 3,4,6 with Procedure II A. B. C. Staff must ensure that an individual dependent on a physical disability conditions of service provided by the facility. Staff ensure that individual with Disabilities will not be excluded from participation in or be denied the benefits of services. Reasonable accommodations must be made for offenders as Required Americans with Disabilities Act of 1990, as amended (42 U.S.C. 12101 et seq.) and the Virginians with Disabilities Act (CV § 51.5-1 et seq.)

Part III Determination of Disability and Reasonable Accommodation C. 2a Under No Circumstances

Will a Non-Health Care Provider Substitute their Judgment for that of a Health Care Provider where an accommodation needed for children, a physical or mental disability has been prescribe. (O Burns did exactly this when he denied me my Scheduled Chronic Care Breathing Treat on the Nebulizer Machine - conti

5. The State Agency or Agencies averred to be liable are:

- Continue
Next Page.

Case 1. Lucas

VSP# 1080693

Statement continuation

Tort Claim. Part 4.

On 13 April 2020, I inmate Case 1. Lucas began to have breathing difficulties so I used the 3 different Rescue Inhalers that I am prescribe to keep on Person Medication. I did not receive any relief from the 3 different Inhalers. I immediately went to the Control Booth to Inform the officer at that time C/p Ms. Davis older African American was the officer. She called the Medical officer to inform him I needed to access my reasonable accommodation Prescribe by The Doctor to get the Chronic Care Treatment of the Breathing Nebulizer Machine. C/p Burns said no he's to play & do are the Nurses. C/p Ms. Davis then advised me she and I went into the Lt. Dobyns office. Lt. Dobyns call C/p Burns the Medical officer he repeated the same thing he's to play & do are the Nurses. Lt. Dobyns informed him he cannot do that and he was sending me over there immediately. I went to Medical and C/p Burns refused to answer the door to let me in for the Breathing treatment. I waited 20 minutes struggling to breath the entire time. I made it back to the dorm and quickly filled out a emergency grievance form to Lt. Dobyns the Medical getting my Breathing treatment. C/p Burns 5445 you are here now take this and do what you want with it and he gives me back the unanswered emergency grievance. Medical Nurse Ms. RCD was there and witnessed this. I did my treatment took my unanswered emergency grievance left Medical. I then filed an informal complaint and grievance. The grievance coordinator Ms. Burns never interviewed any staff witness Ms. Davis, Hospital officer Wright and I will be speaking with Lt. Dobyns

Case 4. Lucas
VSP# 1083643
Statement of Continuation
From Claim.

18.31
I was interviewed by Lt. Radabaugh in Lt. Dobyns office while Lt. Dobyns was present. When I repeated the events to Lt. Radabaugh he refused to ask Lt. Dobyns any questions. He also did not interview staff witness C/o M. Davis, nor Treatment Officer Wright. He said to me that the reason I was denied access to Medical and the Breathing Treatment is because other inmates from another building were inside. I looked through the Medical door window No inmates came out in the white area or in any of the offices. Nor out the Medical exit doors. I appealed my level 1 response to denied to regional again I informed them no one interview my staff witness C/o M. Davis, Treatment officer C/o Wright, and Building supervisor Lt. Dobyns the Ombudsman Mo. Brown, ② Lt. Radabaugh, ③ Warden Pikkie Nichols, ④ Regional Ombudsman K. Cosky, ⑤ Health Service Director. All refused to not only interview my staff witnesses. There is no mention of the in any of the responses. They conspired to cover up the officers C/o Barnes Reckless behavior that violated several D.O.C. policies to include state laws of disabled persons Virginia with Disabilities Act Code 51.5- and Dept. of Correction Operation Procedure 801.3 Managing offenders with Disabilities with Service Connect Chronic lung disabilities from exposure to Chemical weapons during the Persian Gulf War of Chemical weapons arms facility in Kuwait at the weapons depot of Saddam Hussein. See attachments & medical documents. I am not wrong I am NOT lying. I am

18.2
Court. Wards
VSP # 10001673
Statement Continuation
Tort Claim.

Entitled Under the Protections of Dept of Correction Operating Procedure 801.3
Managing offenders with Disabilities.

I am Entitled to the Protections of the State of Virginia with Disabilities Act

COVS 51.5-1 et seq.

I am Entitled to the Protections of Federal Law Americans with Disabilities Act
of 1990 as amended 42 U.S.C. § 12101 et seq.

All of which have been violated by C/o Burns, Clerkman M.B. Brown,
Ab. Raderbaugh, Warden Hicks, Maysville, Regional Clerkman K. Cosby, Health
Services Director, VDOC.

The Investigations of Staff witness H. Dobyns, C/o Morris, T/o Treatment Officer Wright
Must be Done They witness Everything T/o Wright Signed my Emergency Violence
Report. He is the One I Give it to. Took off of.

If I Do not Receive acknowledgement of the Division of Risk
Management's Possession of Investigation of my Tort Claim I will file Court
and seek A Motion of Summary Judgement and A Motion of Discovery

To get the Staff witness Deposed Statements.
I will not stop until I have some type of Justice. I almost died

and all of my Chronic Lung Disabilities that I received a pension for
were extremely aggravated to a worsend state increasing the damage to
my lungs and causing my current heart condition of blood Regurgitating
into my heart making it swell up.

I will not stop I Promise you this Therefore make a Settlement offer.

Page 4

Carol F. Lucas

VSP# 1080673

1st Claim Continuation
Statement

Part II

Food Service Contamination During Lunch and Dinner Meals

On 04 April 2020, I Carol F. Lucas witnessed Infected Covid 19 Positive Inmates Enter the Food Service Kitchen Area While

The Lunch Meal was Being Prepared to Receive ~~Examinations~~ Treatment and Testing. This continued During the Dinner Mealwas being Prepared & Served To Population & Witnessed by Team of ~~Doctors~~ Doctors and Health Care Staff Preparing, Testing, and Examining

These COVID 19 Positive Inmates Looking Through The Kitchen Door Window that's 30 feet from Medical Area. When I was

Returning to my Dorm After my Chronic Care Lung Treatment On

The Nebulizer Breathing Machine. I Retuned to my Dorm and Informed The entire Dorm that There is A Risk to our Health and Safety because They Have Infected Inmate in the Kitchen ~~They Treated, Examined~~. This was at 11:30 am.

I Had to Refuse The Trays and the entire Dorm.

When The Dinner Meal was Served I Refused it because of Possible Contamination. So Did the entire Dorm. WE ALL

Myself Included Watched 75 Inmates from 6 Building Return to Their Dorm and an entire Decontamination Team

Entered Food Service in White Tyvek Suits, & Masks with Oxygen Hoses Decontaminate The food Service at 8 pm after off all of the Meals for Lunch and Dinner was Served to population.

I was forced to eat because of the Wreckless Endangerment Food Service, Medical Staff and Security Staff

783

13th F. 1045
Sept 10 2020
Contamination of Statement
Tort Claim

Allowed Contaminated Inmates Into food Service While the
Lunch and Dinner Meals were Being Cooked and Food
Being put into Styrofoam Trays for Consumption of General Population
This violates DOC Policy of Food Service, Local Health Dept. Codes Laws & Regulations,
Federal Food Safety Laws & Regulations, and all of the Service
Rules and Regulations.

This recklessness act endangered my life and Well Being, With All of
my Chronic Medical Issues and Disabilities as I am at the Highest
of the Highest at Risked Person for COVID 19 to Kill.
Chronic Multiple Ill Disabilites, Asthma, Severe Shortness of Breath, Dyspnea,
Chronic Bronchitis, Heart Conditions, Diabetes, Hypertension etc.

It was torture by allowing to Refuse 2 Meals because of Contamination
Should I catch COVID 19 I have a 95% Death Rate. That is Completely
True Therefore No meal causing my Anxiety to the Extreme Causing my
Hyperension & Heart Problems to Be aggravated into a worsen state
I Reported all of This to The VAOC COVID 19 Hotline.
Adding Injury to my Service Connected PTSD & extreme Anxiety

To add I take SSRX Medication for anxiety. Adding More Injury to my
Heart Conditions (Anxiety & Stress) has made my Right side of my Heart
Bleed back into my Heart. All of this from C/O Barnes
Denying me my Chronic Care Breathing Treatment

To Staff Allow my food to be ~~contaminated~~ Causing Severe
PTSD, Anxiety, and Fear leaving my mental health to completely be
Unmanageable and Deteriorate.

Therefore I filed Grievances and Now Tort Claim. I REQUEST A Immediate Settlement.

Commonwealth of Virginia
Virginia Dept of Homeland Security
Virginia Dept. of Corrections
Haynesville Correctional Center

6. Pursuant to §8.01-195.5, Code of Virginia, 1950, as amended, the Commonwealth of Virginia has six (6) months to seek settlement of this claim, upon expiration of which, without a settlement being reached, this matter shall be ripe for the Claimant to seek judgment against the above-named defendant(s) in the appropriate State court.

WHEREFORE, TAKE NOTICE that the Claimant will seek judgment in the amount of \$ 1,000,000.00, against the defendant(s), or such amount as may be agreed on by the parties, in settlement of this claim.

Date: 23 Jun 2020

Cathleen F. McKenney

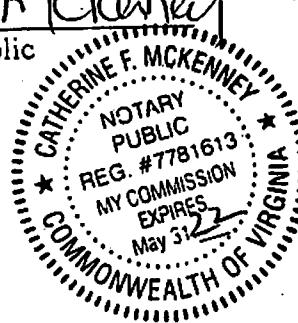
Inmate Number 1080673
Haynesville correctional Center
Post Office box 129
Haynesville, Virginia 22472

STATE OF VIRGINIA
COUNTY OF RICHMOND

Subscribed and sworn to before me this 23rd day of June, 2020

Cathleen F. McKenney
Notary Public

My Commission Expires: 5-31-22



VIRGINIA:

IN THE OFFICE OF THE ATTORNEY GENERAL

CASEL F. LUCAS, # 1080673,
(Name and Inmate Number)

Claimant,

CERTIFIED MAIL
RETURN RECEIPT
REQUESTED.

v.

COMMONWEALTH OF VIRGINIA, and

Virginia Dept. of Homeland Security Mr. Brian Moran

Virginia Dept. of Corrections Director Mr. H. Clarke

Haynesville Correctional Center Warden Shanks

Defendant.

AFFIDAVIT

STATE OF VIRGINIA,
COUNTY OF RICHMOND, to wit:

CASEL Frank LUCAS, being first duly sworn according to
law, deposes and states:

1. That he is the Claimant in the above-entitled matter and who is currently incarcerated at the Haynesville Correctional Center, 650 Barnsfield Road, Post Office Box 129, Haynesville, Virginia 22472.

2. That he has submitted herewith his Notice of Tort Claim Against the Commonwealth in connection with the certain injuries and damages incurred while he was in the custody and care of the Department of Corrections/Commonwealth of

Virginia, as a result of the alleged negligence of one or more agents of the Commonwealth of Virginia.

3. That he has attempted to resolve this matter by way of the adult institutional inmate complaint/grievance procedures promulgated by the Virginia Department of Corrections, having initiated the administrative grievance process on the 13 day of April, 2020; and that he filed his last grievance appeal on the 28 day of August, 2020, without receiving the requested relief or otherwise resolving this matter;

4. That he has attached hereto as enclosures, copies of all complaints/requests, grievances and appeals filed in connection with the incident herein stated as giving rise to this Tort Claim Against the Commonwealth of Virginia and its agent(s).

I declare under penalty of perjury that the foregoing statement is true and correct to the best of my knowledge and belief.

Date: 23 Jun 2020

Catharine F. McKenney

Claimant

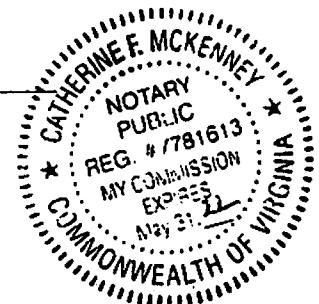
STATE OF VIRGINIA
COUNTY OF RICHMOND

Subscribed and sworn to before me this 23rd day of June, 2020.

Catharine F. McKenney
Notary Public

My Commission Expires: _____

5-31-22



Caption: HCC-A-1073

Vest 10/20/073

1st Claim

Deliberate Indifference, Willful Negligence
of Contaminating the Food Service Area During
Lunch and Dinner meals Preparation & Served to Population

Exhibit

Table of Contents



- 1.) Evidence
- 2.) HCC-20-REJ-00046 ~~Stevens denied Medical Treatment~~
- 3.) HCC-20-REJ-00046 Appeal Regional
- 4.) Complaint To G.M. BROWN Special Agent VADOC
- 5.) Complaint Appeal K. Cuddy Regional Ontario
- 6.) Dept. of Corrections Operating Policy
801.3 Managing offenders with Disabilities
- 7.) U.S. Dept. of Veterans Affairs
Service Connected Disabilities
- 8.) VADOC Medical Treatment Records
of Chronic Care Illnesses Diseases,
and Military Disabilities Treatment in VADOC
- 9.) Evidence HCC-20-Inf-00706
Denial

Case 3:20-cv-00255-HEH-DJN Document 56-2 Filed 12/07/20 Page 84 of 140 PageID# 491

VSP# 1000673

Tort Claim

Deliberate Indifference, Negligent Endangerment
of Contaminating The Food Service Area
During Church of the Brethren Preparation.

EXHIBIT

~~Exhibit 1~~

EXHIBIT

1

1

Evidence

According to Dr. Miller

re: Refusal of my Chronic Care Breathing Treatment



Offender Grievance Response - Level II

DOC Location: C00 Central Office,
Administration

Report generated by HR

Report run on 08/21/2020 at 09:23 AM

Offender Name	DOC#	Location	Grievance Number
Lucas, Casel F	1080673	Current Haynesville Correctional Center	HCC-20-REG-00046
Housing		Filed Haynesville Correctional Center	
HU4-A-33-B			

LEVEL II: REGIONAL DIRECTOR, HEALTH SERVICES DIRECTOR OR CHIEF OF OPERATIONS FOR OFFENDER

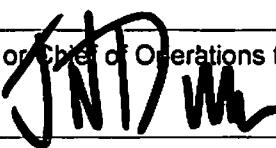
MANAGEMENT SERVICES RESPONSE (To be completed and mailed within 20 calendar days)

LEVEL II HEALTH SERVICES DIRECTOR:

Your grievance appeal complaint has been reviewed along with the response from Level I and your complaint that C/O Barnes would not allow you access into Medical for a breathing treatment on 04/13/20.

Based on the information provided and upon further investigation, I concur with the Level I response and have determined your grievance **UNFOUNDED**. Please note that during the COVID crisis, the institutional physician may determine if your condition is essential to warrant a medical visit. The physician has the clinical discretion to recommend you specific treatment as well. It is reported that you received treatment from the HCC healthcare professional for your respiratory condition in April 2020. This issue is governed by OP 720.2.

If you have any further issues, please resubmit a sick call request for further evaluation of your medical needs and treatment plan. You are encouraged to follow the recommendations of the health care staff as well. There is no violation of policy/procedure regarding this issue. No further action is needed from this level. In accordance with OP 866.1 governing the Offender Grievance Procedure, Level II is the last level of appeal for this complaint. All administrative remedies have been exhausted regarding this issue.

Health Services Director, or Chief of Operations for Health Services 	Date 
---	---

RECEIVED
SEP - 4 2020

By: GRIEVANCE OFFICE



VIRGINIA

DEPARTMENT OF CORRECTIONS

Informal Complaint 866_F3_4-17

Informal Complaint

INSTRUCTIONS FOR FILING: Briefly write your issue in the space provided on the Informal Complaint form, preferably in ink. Only one issue per Informal Complaint. Place your complaint in the designated area at your facility. A receipt is issued within 2 working days from the date received if the informal complaint is not returned during intake. If no response is received within 15 calendar days, you may proceed in filing a regular grievance. You may utilize your receipt as evidence of your attempt to resolve your complaint.

An Informal Complaint is not required for an alleged incident of sexual abuse.

Case#: Y-WICAS

Offender Name

10201673

Offender Number

2-A-36-B

Housing Assignment

CJ BARNES Medical Officer

Individuals Involved in Incident

13 April 2020 15:15 hrs.

Date/ Time of Incident

Unit Manager/Supervisor
 Personal Property
 Medical Administrator

Food Service
 Commissary
 Other (Please Specify): Officer Barnes violated the HIPPA Law

Institutional Program Manager
 Mailroom

Briefly explain the nature of your complaint (be specific): ON 13 April 2020 at 15:15 hrs. I Requested to See Medical for a Breathing Treatment. CJ ms. DAVIS called Medical and was told by CJ BARNES He was busy & to see all of the Nurses. ms. DAVIS told Lt Dobbs to call CJ Barnes and was told the same thing. I was sent by ms. DAVIS and when I got to Medical all Nurses on the floor for 10 minutes. Officer Barnes did not come to the door. Ms. NOEL Property Officer called him still no answer. I returned to the Builid. My Breathing Treatment is not proceeded Under HIPPA law. Security cannot dictate my treatment, Not Deny Me. That is between ME and MY Doctor.

Offender Signature Case#: Y-WICAS 10201673Date 13 April 2020

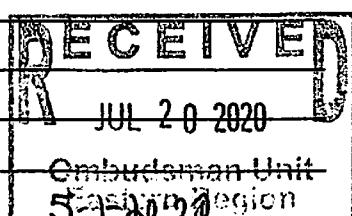
Offenders - Do Not Write Below This Line

Date Received: 4-14-2020Tracking # HCC-20-INF-60585Response Due: 4-29-2020Assigned to: Capt White LT Radabaugh

Action Taken/Response:

Medical had other offenders from another building at that time.

RECEIVED
5-1-2020

Respondent Signature J. RadabaughBy: GRIEVANCE OFFICEPrinted Name and Title J. Radabaugh

WITHDRAWAL OF INFORMAL COMPLAINT:

I wish to voluntarily withdraw this Informal Complaint. I understand that by withdrawing this Informal Complaint, I will not receive a response nor will I be able to file any other Informal Complaint or Grievance on this issue.

Offender Signature: _____

Date: HCC-20-Reg-00046

Staff Witness Signature: _____

Date: _____



VIRGINIA

DEPARTMENT OF CORRECTIONS

Emergency Grievance 866_F4_4-16

Emergency Grievance Log # 8951

Emergency Grievances are provided for offender reporting and expedited staff responses to allegations that an offender is subject to a substantial risk of imminent sexual abuse and to situations or conditions which may subject the offender to immediate risk of serious personal injury or irreparable harm.

LUCAS

CASEL

Offender Last Name

First

1080673

HCC

Number

Facility

2-A-38-B

Building-Cell/Bed

PART A- OFFENDER CLAIM

What is the emergency? On 13 April 2020 at 1515 hrs, I requested that I go to Medical for Breathing Treatment by C/p M. Davis. She called and spoke to C/p DAVIS. Refused. Me, my treatment said he was busy so were the nurses. The H. DOBYNS also called him again he refuse. I was sent by C/p DAVIS when I ARRIVED AT MEDICAL I BANGED ON THE DOOR FOR 10 MINUTES. C/p DAVIS REFUSED TO COME TO THE DOOR. I HAD C/p M. DAVIS CALL ON RADIO. STILL DID NOT COME. HE VIOLATED THE H.A.P.A law. BY REFUSING MY BREATHING TREATMENT. HIS IS SERIOUS. SEEING THE DOCTOR.

13 April 2020 Date/Time 15:33HR

C/p Offender Signature and Number 1080673

PART B- STAFF RESPONSE

(This part is to be completed and returned to the offender within eight (8) hours.)

Your grievance does not meet the definition for an emergency. Action Taken/Recommended:

<input type="checkbox"/> Submit Informal Complaint	<input type="checkbox"/> Evaluated by Medical: Date Seen _____
<input type="checkbox"/> Submit Sick Call Request	<input type="checkbox"/> Send an Offender Request To: _____
<input type="checkbox"/> Submit Request to Dental	<input type="checkbox"/> Other (Provide detailed explanation below)

Your grievance has been determined to be an emergency and the following action has been taken:
 Sent to Hospital: Date Transported _____ Other (Provide detailed explanation below)

RECEIVED

MAY - 7 2020

Date/Time	Respondent Signature:	Name/Title Printed
<input type="checkbox"/> PREA - Alleged incident of sexual abuse or sexual harassment; Shift Commander, Facility Unit Head or Administrative Duty Officer, and facility PREA Compliance Manager notified		GRIEVANCE UNIT JUL 2020
Alleged sexual abuse or sexual harassment	<input type="checkbox"/> Will be referred for Investigation	Ombudsman Unit

Determination by: _____
 Signature _____ Name/Title Printed _____ Date/Time _____

Distribution: Original Grievance returned to Offender, Copy forwarded to Institutional Ombudsman/Grievance Coordinator

[Detach here]

PART C- RECEIPT

Log #: 8951

Offender Last Name	First	Number	Facility	Building-Cell/Bed
I acknowledge receipt of this complaint from the above offender. [Complete and issue to offender if taking from his/her presence for response.]				
Date/Time	Recipient's Signature (Staff Member)	Name/Title Printed		

HCC-20-REG-00010 Date: 4/25/16



COMMONWEALTH OF VIRGINIA
Department of Corrections

Gregory L. Holloway
Regional Operations Chief

*Division of Operations
Eastern Region*

14545 Old Belfield Rd
Capron, VA 23829
(434) 658-4368

July 22, 2020

C. Lucas 1080673
Haynesville Correctional Center
PO Box 129
Haynesville, Virginia 22472

Dear C. Lucas:

This letter comes to advise you that your appeal package to Grievance Log # HCC-20-REG-00046 has been forwarded to the Office of Health Services in Richmond, Virginia for review and response. Operating Procedure 866.1, Offender Grievance Procedure, states that grievances relating to medical, dental, and mental health care are reviewed and responded to by the Director of Health Services.

The response time limit will commence upon their receipt of your appeal package. However, it was noted that accurate appeal instructions were not given to you by institutional staff. The receipt of your appeal package by Health Services will be at their discretion.

Sincerely,

A handwritten signature in black ink, appearing to read "K. Cosby".

K. Cosby, Regional Ombudsman
Eastern Regional Office

RECEIVED

JUL 30 2020

/kwc

cc: ✓ Office of Health Services *w/original attachments*
File

OFFICE OF HEALTH SERVICES



VIRGINIA DEPARTMENT OF CORRECTIONS

Grievance Continuance Receipt

866.1 TBD

DOC Location: HCC Haynesville Correctional Center

Report generated by Brown, R T

Report run on 06/05/2020 at 09:24 AM

Grievance Number: HCC-20-REG-00046

Next Action Date: 07/05/2020 12:00 AM

Continuance

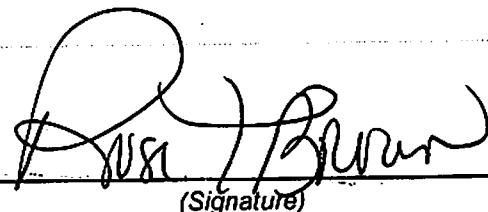
Level	Due Date	Reason	By
1	07/05/2020	Awaiting information	Brown, Rose T
2			
3			

On this date: 05/08/2020 I have received a statement from:

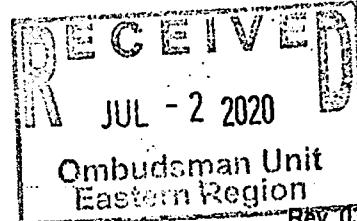
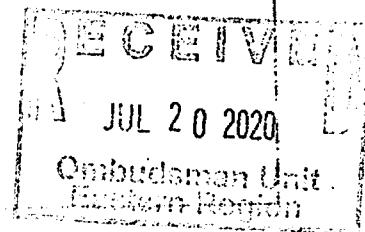
Lucas, Casel F 1080673 of Haynesville Correctional Center
(Offender Name and DOC#) HU2-A-38-B
(Filed Location and Housing)

Setting out the following complaint:

He states that C/O Barnes violated HIPPA laws when he denied him the right to a breathing treatment.


(Signature)


(Title)



VIRGINIA
DEPARTMENT OF CORRECTIONS

Regular Grievance 866_F1_4-17

RECEIVED

REGULAR GRIEVANCE

MAY 1 - 2020
P. HarBy: GRIEVANCE OFFICE
Caryl F. Lucas

Name, First

1080673

2-A-38B

2-A-38-B

Building

Cell/Bed Number

C. Barnes
Individuals Involved in Incident13 April 2020 1515 hrs
Date/ Time of Incident

T IS YOUR COMPLAINT? (Provide information from the informal process. Attach Informal Complaint response or documentation of informal process.)

C. Barnes was the Officer in Charge of Medical. He violated the Hippa law. When I requested to come to Medical for A Breathing Treatment On the Nebulizer Machine. He Denied this to Me. I told Ms. Davis 2-A 9th off. am. Called him and asked him for me to get A Breathing Treatment. He told Ms. Davis that he was busy and so were all the Nurses. He did not ask anyone of the Nurses. He made that decision on his own. So I then asked Lt. Dobyns to Call. He was told the same. He is a Warden I informed C. Barnes of what he was doing (was wrong) He still Denied me access.

I filed A Emergency Grievance and after 2 days I was called over for my Breathing Treatment. the Emergency Grievance was not answered. He gave me the Emergency Treatment Back and said you are over here now. Do what you want with this. This Jet was done to me during the COVID19 Pandemic in HCC 146 cases.

What action do you want taken? No Medical Officer has a Right to Decide when I require A Breathing Treatment that is Medical Doctor or Nurse. He violated the Hippa law when he made a decision to Deny me my treatment without asking Medical Professionals. He caused me more pain and trauma my Rescree Inhalers could not be enough. I could have died because of his negligence.

Grievant's Signature: Caryl F. Lucas

JUL 2 2020

Date: 30 Apr 2020

JUL 20 2020

Gen/ Superintendent's Office:

Ombudsman Unit
Western RegionOmbudsman Unit
Eastern Region

Received:

Revision Date: 4/28/17



VIRGINIA DEPARTMENT OF CORRECTIONS

Grievance Receipt

866.1 A-3

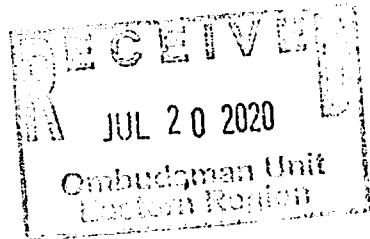
DOC Location: HCC Haynesville Correctional Center

Report generated by Hand, P W

Report run on 04/14/2020 at 10:25 AM

Grievance Number: HCC-20-INF-00585Next Action Date: 04/29/2020 12:00 AM

On this date:	04/14/2020	I have received a statement from:
Lucas, Casel F	1080673	of
(Offender Name and DOC#)		(Filed Location and Housing)
Setting out the following complaint:		
Capt. White - Complaint about C/O Barns not letting him medical for breathing treatment.		
<i>P Hand</i> (Signature)	<i>DSS</i>	(Title)

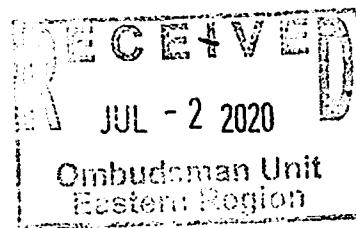


RECEIVED

MAY - 7 2020

By: GRIEVANCE OFFICE

Page 1 of 1



Rev. 03/30/2009



DEPARTMENT OF CORRECTIONS

Informal Complaint

INSTRUCTIONS FOR FILING: Briefly write your issue in the space provided on the Informal Complaint form, preferably in ink. Only one issue per Informal Complaint. Place your complaint in the designated area at your facility. A receipt is issued within 2 working days from the date received if the informal complaint is not returned during intake. If no response is received within 15 calendar days, you may proceed in filing a regular grievance. You may utilize your receipt as evidence of your attempt to resolve your complaint. An Informal Complaint is not required for an alleged incident of sexual abuse.

Lasele T. Lucas

Offender Name

ID#N073

Offender Number

2-A-36-B

Housing Assignment

CJ BARNES Medical Officer

Individuals Involved in Incident

13 April 2020 1515 hrs.

Date/ Time of Incident

Unit Manager/Supervisor
 Personal Property
 Medical Administrator

Food Service
 Commissary
 Other (Please Specify): CJ Barnes Violated the HPPA Law

Institutional Program Manager
 Mailroom

Briefly explain the nature of your complaint (be specific): ON 13 April 2020 at 1515 hrs. I requested a Breathing Treatment to See Medical for a Breathing Treatment. CJ ms. Davis called Medical and was told by CJ BARNES He was busy & to leave. All of the Nurses, ms. Davis told Lt. Dobkins, he call CJ Barnes and was told the same thing. I was sent by Ms. Davis and when I got to Medical, I will wait in the door for 10 minutes of Ms. Barnes. I did not come to the door. Ms. Noch, Deputy Officer called him still no answer. I returned to the Builld. My Breathing Treatment is prohibited under HPPA law. Security cannot dictate my treatment, not deny me. That is below me and my Doctor.

Offender Signature Lasele T. Lucas 10801673

Date 13 April 2020

Offenders - Do Not Write Below This Line

Date Received: 4-14-2020

Tracking # HCC-20-INV-00585

Response Due: 4-29-2020

Assigned to: Capt T. White

Action Taken/Response:

RECEIVED

JUL 20 2020

Ombudsman Unit
Eastern Region

RECEIVED

MAY - 7 2020

Respondent Signature

By GRIEVANCE OFFICE

Printed Name and Title

RECEIVED

JUL - 2 2020

Ombudsman Unit
Eastern Region

WITHDRAWAL OF INFORMAL COMPLAINT:

I wish to voluntarily withdraw this Informal Complaint. I understand that by withdrawing this Informal Complaint, I will not receive a response nor will I be able to file any other Informal Complaint or Grievance on this issue.

Offender Signature: _____ Date: _____

Staff Witness Signature: _____ Date: _____



VIRGINIA

DEPARTMENT OF CORRECTIONS

Emergency Grievance 866_F4_4-16

Emergency Grievance Log # 8951

Emergency Grievances are provided for offender reporting and expedited staff responses to allegations that an offender is subject to a substantial risk of imminent sexual abuse and to situations or conditions which may subject the offender to immediate risk of serious personal injury or irreparable harm.

LUCAS

CASEL

1080673

HCC

2-A-38-B

Offender Last Name

First

Number

Facility

Building-Cell/Bed

PART A- OFFENDER CLAIM

What is the emergency? On 13 April 2020 at 1515 hrs, I requested that I go to Medical for Breathing Treatment by C/P M. Davis. She called and spoke to M. Davis. Refused my treatment said he was being so loud. The Nurses. The H. Dobyns also called him again he refuse. I was sent by C/P Davis when I arrived at Medical I stayed in the door for 10 minutes. C/P Davis refused to come to the door. I had 0/7 work cell in Radi. Still did not come. He violated the 4th law. By dietary and decide, my treatment has been set by doctor.

13 April 2020 Date/Time 15:93 AM

(X) Offender Signature and Number 1080673

PART B- STAFF RESPONSE

(This part is to be completed and returned to the offender within eight (8) hours.)

<input type="checkbox"/> Your grievance does not meet the definition for an emergency. Action Taken/Recommended:	<input type="checkbox"/> Evaluate by Medical: Date Seen _____
<input type="checkbox"/> Submit Informal Complaint	<input type="checkbox"/> Send an Offender Request To: _____
<input type="checkbox"/> Submit Sick Call Request	<input type="checkbox"/> Other (Provide detailed explanation below) _____
<input type="checkbox"/> Submit Request to Dental	

<input type="checkbox"/> Your grievance has been determined to be an emergency and the following action has been taken:	<input type="checkbox"/> Other (Provide detailed explanation below) _____
<input type="checkbox"/> Sent to Hospital: Date Transported _____	

RECEIVED

JUL 20 2020

Officer _____

Date/Time _____	Respondent Signature _____	Name/Title Printed _____
<input type="checkbox"/> PREA - Alleged incident of sexual abuse or sexual harassment; Shift Commander, Facility Unit Head or Administrative Duty Officer, and facility PREA Compliance Manager notified		_____
Alleged sexual abuse or sexual harassment	<input type="checkbox"/> Will be referred for Investigation	JUL - 2 2020

Determination by: _____	Signature _____	Name/Title Printed _____	Date/Time _____
-------------------------	-----------------	--------------------------	-----------------

Distribution: Original Grievance returned to Offender, Copy forwarded to Institutional Ombudsman/Grievance Coordinator
 Original Grievance returned to Offender, Copy forwarded to Institutional Ombudsman/Grievance Coordinator

(Detach here)

PART C- RECEIPT

Log #:

8951

Offender Last Name

First

Number

Facility

Building-Cell/Bed

I acknowledge receipt of this complaint from the above offender. [Complete and issue to offender if taking from his/her presence for response.]

Date/Time 4/13/2020 1535	Recipient's Signature (Staff Member) S. J. Wright	Name/Title Printed T/D
--------------------------	---	------------------------

Officer F. Jones
JSP# 1093673

WRT Claim

Deliberate Indifference

reckless Endangerment Contaminating
Food Service during Lunch & Dinner Meal
Preparation and Served to Patients

Exhibit

2

Complaint to Special Agent VADOC

No BURNS Devil of my Chronic Care

Breathing Treatment Complaint of
Reduction and Withdrawal of the
Inhaler Process.

By Refusing Interviews
of my Staff Witnesses

Off. DODDYS

cc: ~~President Officer~~ Wright

cc: Mr. DAVIS older ~~acknowledgment~~

GABEL F. LUCAS
VSP# 1080673
7317 ACC (Quinton)
211 Barnfield Road
Blacksburg VA 24062

13 July 2020

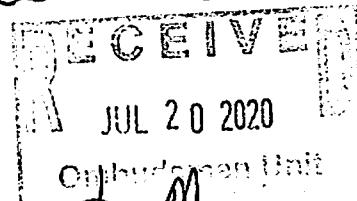
K. Cosby

Regional Ombudsman

Re: Retaliation Hindering the Process
Ombudsman Ms. Brian of the refuses to give me
a response to my complaint in the time allotted by 866.1

RE: Appeal of ACC-20-REL-00046

Concerns Refused me my Chronic Care
Treatment for Breathing.



No Resolution has been given to me
per 866.1 in the time frame of the
continuance of grievance receipt therefore
I am appealing the NO Decision made
at the institution level.

Again the Being made a decision on this QM
without regard for my life. Per Policy DOP 801.3
Managing offenders with disabilities Page 6 2 (A)
Under NO Circumstances will a NON - health Care PROVIDER
Substitute their judgement for that of a Health Care

(2)

Provider Where an Accommodation Needed to Address a Physical Or Mental Disability has been Prescribed.

This is a Direct Violation of this Policy To Add

My Breathing Condition's Are Chronic Bronchitis, Wheezers, Asthma, Bronchial Diagnosed U.S. Army

Recurrent Upper Respiratory Infections

All Listed by the DOP 801.3 Page 11 & 12

Physical and Mental Impairments.

Correctional Officer BARNES has Violated the following Laws

ADA Law, Americans with Disabilities Act, The Virginians with Disabilities Law.

VA DOC Employee Ethics and Rules of Conduct Under DOP 211.

This Employee Had No REGARD for my life and by his Actions and Violations of the Law that Protects Me A Disabled Person.

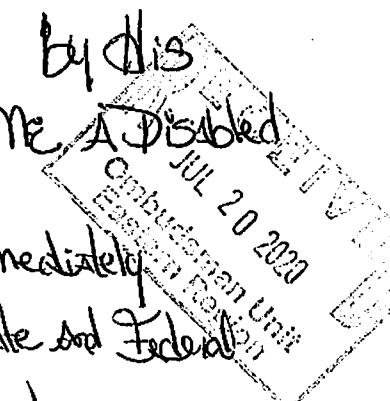
Correctional Officer Barn should Be Immediately Terminated for These Blatant Violations of State and Federal Law's and the Number of Virginia Dept. of Corrections Policies DOP 801.3 + DOP 211 Employee Conduct.

Will file a Formal Employee Disciplinary Complaint against C/O Barnes.

Will file a Complaint also to M. Brown Special Agent Special Investigator's Unit (6900 Attn: D.A. Suite 1030 Richmond Virginia 23225)

I will Not Let this Go. You Should have Done the Right Thing to Hand Me Off.

Will Now Seek the Help of those who will Represent Me.



Carol F. Williams

VSP# 1080673

1st Claim

Deliberate Indifference, Negligence
Endangerment of Contaminated Food Service
DRS During Church & Dinner Meal
Preparations and Served to Population

LOD:BA

Exhibit b

3

Complaint to L.M. Brown
Special Agent VAOC
against CIO BARNES

Check for later
VEPT 103019

7 BIM SBU Medical Quarantine
HCC
421 Bruffett Road
Waynesboro, VA 22492

RECEIVED

16 July 2020

JUL 28 2020

OMBUDSMAN SERVICES INC

G. M. Brown
Special Agent
Dept. of Corrections
6100 St. Paul Dr.
Suite 1000
Richmond, VA 23215

RE: I require your help with filing a complaint
against an employee of Virginia Dept. of Corrections
at Waynesboro Correctional Center
C/o Burns. HCC-20-REL-00046
I have filed a grievance on this issue against
C/o Burns and I have been denied the response
to my grievance by the institutional ombudsman.
Ms. Brown, whose very adamant that
she dont file the response.
1.) my original response written on 8 June 2020
2.) I was sent a grievance form to receipt date
for response 5 July 2020.
3.) On 7 July 2020 I asked my counselor Ms. Robinson
to inquire to Ms. Brown why I have not received
a response. Ms. Brown informed Ms. Robinson that
I would receive my response the next day mail call.
This did not happen and it was 2 days past due.
I have not got the grievance response and I have
Contacted everyone about getting it.
The investigation will continue. →

③ He is now being Protected by the Administration and Staff.

DP 801.3 Managing offenders with Disabilities Clearly states

On Pg. 6 2 A. Under No Circumstances Will Non-Health Care Providers Substitute their Judgment for that of the Health Care Provider Where an accommodation would be needed to address a physical or mental disability problem Prescribed.

The institutional Doctor Made A Special Accommodation of Prescribing Me To Use The Breathing Nebulizer Machine At least 3 times A Day

① when in need. C/o Barnes DID exactly as this policy states Not to DO.

Very Policy on 11 & 12 Physical Or Mental Impairments

VI Meet General.

Please Interview The following Staff. of DCC

Dr. Dobyns & A Unit Supervisor.

C/o Ms Davis older Block lady

T/o Wright.

C/o Barnes Made those statements And Decisions without Medical Administration from A Nurse or Doctor.

③ He Violated Policy the ADA Law, ADA Law COV § 51.5-1, et seq.

Please Help Me. Make sure something is Done

and have my Employee Complaint filed.

I am a Disabled Offender and was refused by C/o Barnes Denying Me My Breathing Treatment and Refused for 2014-15 Unable to Breathe.

The Warden DID not sign the Response until 10 July 2020 → 4 days after the Response Date.

RECEIVED
JUL 28 2020
OMBUDSMAN SERVICES UNIT

The VA Has Absolutely No Proof the Sent it.
I Have Absolutely No Proof of Receiving it.
I DO Have This Proof.

My Counselor Ms. Robinson Called Ms. Brown On 7/7/2020
Tuesday Morning around 8^{AM} to 8:30^{AM} and inquired about this
Evidence HCC-20-Reg-000416. This was 2 days past the
5 July 2020 Extension Date. Ms. Brown Said I would
Get it Tonight NO Such Act So that IT DID NOT Come.

NOR DID IT Wed. 8 July, 9 July, 10 July, 20 on. There is A
Record of that Call in the System. Will be sure to inform the
Investigators of that Piece of Material and to ensure they Question Ms. Robinson;

Get all things in order. Because I will not Stop, I will not give up,
I am relentless and I will Get Justice for what this employee of the
I keeply Has Done. You Would have Served Your Job and Done Well
And You Made Sure Ms. Brown gave Me My Response. You Took Her
Side without knowing all The Facts and Decit that Was been going on
Should I about this with HCC-20-Reg-000416 On Or You Completely
Complicit You may always Capitulate We Can work the Details of it out.

Call Me I always I am available Ms. Smith Office Counselor is my Current
Counselor Because I went out of State to VAU Medical Center for treatment
With the Dermatologist and Pulmonary Specialist lung Doctor. My Breathing
Difficulties are Extreme and what Was Done to Me Could have Been Fatal.
You Really Should have READ what I Sent to You & the VA Documents of my
Exposure to Weapons of Mass Destruction and the Damage that has done to my
Entire Body and health from My Service to U.S. Government to No VA No VA

Will allow this illegal act committed by a VAOC Employee
 to go Unpunished Properly. I Broke the law and Paid Guilty to all
 of my Crimes because I was Guilty and ~~there~~ NO Matter the
 Cost of My Freedom. Now is it that I feel I am truly the Only
 Person honorable and with integrity. No One did a Way out
 of it. I did my A Unit Supervisor. I checked to see
 was about what he did to me & to Mr. Brown and apologizing
 to Mr. Therefore his Actions and Punishment would have remained
 contained with a slap on the wrist. My willingness to admit this
 mistakes and errors and apologize does its own consequences
 that will not be so forgiving. I told you that there was information
 that you don't know if you can't bring yourself to believe
 in Justice and you certainly will absolutely not defend me
 against the abuse of a fellow colleague. Public Service is not so easy
 especially when you are faced with doing what's right at some point. Every
 one must make the hard choice no matter the cost or consequence and it makes no supports
 him the victim this time, I showed my abuser compassion and he
 cared not to apologize. Tell me who is the Better Person. I am I failed my patients
 then he failed of trial & I failed accounted for my despicable acts and
 atrocities and accepted the punishment given to me and you still think I am
 a bad, dishonest, worthy, without honor and Integrity. Not So K. Crosby JUL 20 2020
 did you actually read the documents you would know this of me. Yet you
 said something so ^{about} incredulous that I did not present no evidence of the grievance
 process when in fact I did just that I was appealing the no intake decision of
 the grievance & informed him with all the correct documents to support my
 position. His office did this with the food grievance, the discrimination grievance
 appeal of request of reasonable accommodations requested legitimate and
 very valid. I should remind you of this I also sent to you a copy of my
 Certification of all conditions of EEOC and your response that the U.S. affirm. →

Casey Frank LUCAS
Vopt 1080673

Waynesville Correctional Center
7 B 17 Isolation Quarantine
Due to VCF VCU Appointments

THIS IS A COMPLAINT

13 July 2020
RECEIVED

JUL 28 2020

ALL EMPLOYEES WILL AT ALL TIMES CONDUCT THEMSELVES IN THE HIGHEST STANDARDS OF ETHICS AND IN A MANNER APPROPRIATE TO PROFESSIONS IN THE FIELD OF CORRECTIONS. Employee behavior on duty, appearance and bearing will be conducive to effective and positive relations with inmates, staff, and the public, and will reflect credit upon the institution assigned to, The Department of Corrections and The Commonwealth of Virginia.

The employee mentioned in this complaint HAS BLATANTLY VIOLATED ONE OR MORE OF THE RULES OF CONDUCT STIPULATED IN D.O.P. 211 (EMPLOYEE CONDUCT. "STAFF ARE TO CONDUCT THEMSELVES IN A PROFESSIONAL MANNER AT ALL TIMES." This does not mean acting in a humorless or overly officious manner, it means primarily avoiding excessively familiar behavior OR THE USE OF INNAPPROPRIATE LANGUAGES, GESTURES, OR FACIAL EXPRESSIONS. Such actions are not only unprofessional but can endanger the safety of staff and inmate alike.

SHOULD ANY ALL OF A SUDDEN SPONTANEOUS MISFORTUNES OCCUR TO THE WRITER OF THIS COMPLAINT OR WITNESSES (e.g. Charges, Shakedowns, Harassments, Denial of State required necessities, Urine test, etc.) IT MUST BE NOTED THAT IT IS AN ACT OF REPRISAL AGAINST THE COMPLAINANT(S) BE IT AT THE HANDS OF THE EMPLOYEE MENTIONED IN THIS COMPLAINT OR FRIENDS OF THE EMPLOYEE WHO MAY SEEK TO REPRISAL ON BEHALF OF THE EMPLOYEE (IN ACCORDANCE WITH D.O.P. 866 PAGE 8 PARAGRAPH 4).

A photocopy of this complaint should be placed into the active on duty (work) disciplinary file of the employee and should follow him/her throughout the remainder of his/her active employment with THE VIRGINIA DEPARTMENT OF CORRECTIONS.

NOTE: PLEASE BE ADVISED. Should the writer of this complaint need additional space to provide accurate details of the description of the offense the writer will add an additional page or pages or to supplement this report.

The Medical Correctional Officer BURNS

Thank you.

Casey F. Lucas

Used his own judgement as a Non Health Care Provider to decide to refuse inmate Casey F. Lucas his prescribed Medical Accommodation Double Breathing Treatment that is a Chronic Care Treatment for his several respiratory disabilities.

Violating VADP Policies 801.3 pg. 2.A. and DOP 211.
Americans with Disabilities Act, Virginians with Disabilities Act (Cov § 51.5-1 et seq.)
He had NO REGARD for inmate LUCAS life when he decided he would not let him get his treatment.

VIRGINIA DEPARTMENT OF CORRECTIONSEMPLOYEE DISCIPLINARY COMPLAINTEMPLOYEE'S NAME: BARNES TITLE: Correctional OfficerINSTITUTION: Wayneville Correctional Center DATE: 13 July 2020OFFENSE TITLE: Conduct & ADA VDA Laws OFFENSE CODE: 211 & DOP 801.3DATE: 18 April 2020 TIME: 15:00 hrs DAY: MondayAREA OF OFFENSE (LOCATION): MedicalDESCRIPTION OF COMPLAINT/OFFENSE: C/o Barnes violated inmate C. Lucas #1083673 RightTo other Prescribed Medical Breathing Treatment without asking the Health Care ProvidersThis is in violation VADER Policy 801.3 pg.6 2a. Non-Health Care will not substitute their JudgmentOver the Health Care Provider, DOP 211, ADA Laws, ADA VDA, Virginia with Disabilities ActC/o Barnes & Lt. Dobyns informed C/o Barnes you can not Deny the inmate the Breathing Treatment He (O/B) was told from both O/B's to busy and So ORE the Nurses.WITNESSES: St. Dobyns ; T. Wright ; C/o M.B. DAVISCOMPLAINANT'S SIGNATURE: Cabel F. LucasCOMPLAINANT'S NAME PRINTED: Cabel F. LUCASDATE: 13 July 2020 TIME: 11:50 AM

RECEIVED

JUL 28 2020

211-7.1 STAFF AND INMATE RELATIONS OMBUDSMAN SERVICES UNIT

¶ 1. All staff members must remember that inmates are human beings and as such are deserving of fair and humane treatment. Abuse or any form of corporal punishment is prohibited. No profane, demeaning, indecent or insulting language or words with racial or ethnic connotations shall be directed towards the inmate. At all times employees will be respectful, polite and courteous in their contact with inmates.

¶ 3. To the greatest extent possible, staff members are to avoid involvement in the personal lives of inmates. Staff will not ask questions of a personal nature except as a part of authorized treatment procedures. Staff members are to respect the rights of each inmate to hold his own philosophical, political and religious beliefs however disagreeable such beliefs are or may be to the staff member. Likewise, employees will not share personal information with inmates.

Case 3:20-cv-00255-HEH-DJN Document 56-2 Filed 12/07/20 Page 104 of 140 PageID# 511

VSP# 1020673

1st Claim

Deliberate Indifference, Negligence
Endangerment of Contaminating the
Food Service during the
and Dinner Meal Preparation and
Served to Population.

FEB 2021

TH

5

Complaint addressed to K. Cosby
Regional Ombudsman
Retention Hindering the Process

CAROL F. LUCAS
VSP# 1080673
7317 ACC Quantico
211 Barnfield Road
Chesapeake, VA 23472

RECEIVED
JUL 28 2020
OMBUDSMAN SERVICES UNIT

13 July 2020

K. Coby
Regional Ombudsman

Policy, Resolution, Number The Process
Ombudsman No. Branch of ACC Permits to have me

RE: Appeal of ACC-20-REL-00016

Concerns Refused Me my Chronic Care
Treatment for Breathing.

No Resolution has been given to Me
Per 806.1 In the Time frame of the
Continuance Finance Receipt Therefore
I am appealing The NO Decision made
At the institution Level.

Again No Being Made a Decision On this Qn
without regard for my life. Per Policy DOP 801.3
Managing Obstacles with Disabilities Page 4 2 (A)
Under NO Circumstances will a NON-Health Care Provider
Institute the side with that of Attention to Non-Provider

②

Applicant BARNES Requested Me at Breathing Treatment That I Need Chronic Care Provider Where an Accommodation Needed to Address A Physical Or Mental Disability Has Been Prescribed.

This is a Direct Violation of this Policy To Add

My Breathing Condition's Are Chronic Bronchitis, Diagnosed

Asthma, Bronchial Diagnosed U.S. Army

Recurrent Upper Respiratory Infections

All Listed by the DOP 801.3 Page 11 & 12

Physical and Mental Impairments.

RECEIVED

JUL 28 2020

OMBUDSMAN SERVICES UNIT

Correctional Officer BARNES Also Violated the following Laws

Disability Law, Americans with Disabilities Act, The Virginians with Disabilities Law.

VA DOC Employee Ethics and Rules of Conduct Under DOP. 211.

This Employee Had No REGARD for My Life and By His Actions and Violations of the Law That Protects Me A Disabled Person.

Correctional Officer Barn Should Be Immediately Terminated for These Blatant Violations of State and Federal Laws and the Number of Virginia Dept. of Corrections Policies DOP 801.3 & DOP 211 Employee Conduct.

Will file a Formal Employee Disciplinary Complaint Against C/O Barnes.

I have filed a Formal Employee Disciplinary Complaint Against C/O Barnes with Com. Board

Disciplinary Board Investigation Unit 6000 Atlantic Ave 1030 Richmond VA. I will wait for this to be done the Right thing shall done Ms. Brown will be given.

I will ask each of those who will investigate this

④ WIC-20-Req-00016 On the 4th of June you Complainant Up May always
Capitulate. We will work the details of it out. All the who always a friend
Ms. Smith still consider is my Current Counselor because I went out of state

To VCU Medical Center for appointments with the Dermatologist and Pulmonology
Specialist my Doctor. My Breathing difficulties are extreme but what
was done to me could have been fatal. You really should understand what

was sent to you the US Documents of My Exposure To Weapons of Mass Destruction
and the Damage that does to my body, Body and Health from my Service.

To U.S. Government to No Under Person will allow this Illegal act committed
by a WADOC Employee to go unpunished Properly. I Break the Law of Right Brutality of all
of my Crimes because it was Brutality and It No matter the cost of my freedom. Now is
it that I feel I am truly the only Person above and with Integrity. C/o BURNS

Did I why not ask Lt. D. Payne 2-A Unit Supervisor. All he had to do was
admit what he did to me to Mr. Burns and Apologize to me. Therefore this
actions and Punishment would have been in line with a Stop and the most

Disinclining to admit his mistakes and errors and to apologize his is an **RECEIVED** JUL 28 2020
OMBUDSMAN SERVICES UNIT

That will not be so forgiving. I told you that there was information that you didn't know

Let you can't bring yourself to believe in me and you certainly will absolutely not
Defend me against the abuse of a fellow colleague. Public Service is not so easy
Especially when you are faced with doing what's right. It's Scary. Everyone must make

The hard choice no matter the cost or consequence and no matter how unpopular it is. I'm
the victim this time, I should Showed my Alder Compassion and He Comed not
to Apologize. Tell me who is the better Person. I am I saved him my life the trouble

of this & B.S. I accounted for my despicable acts and abominations and accepted the
Punishment given to me and you still think I am a bad, Untrust healthy, without honor and Integrity
Not so K. Cooley did you actually Read the Documents you would think this of me. Yet you said
Something to me that I did not Resend ND Evidence of the Evidence Process, When in
fact I did not that I was appealing the No Intake Decision of the Evidence a formal
Complaint with all of the correct documents to support my position. You agreed this with

The Board of Evidence, the Discrimination Evidence Appeal of Request of Request of Reasonable Accommodation
Request of all legitimate and all very valid. I should Remind you I also sent you a copy of my Certification
of all Credit hours of EEOC & all my Resources that the U.S. Army 8th Infantry Division

Case 3:20-cv-00255-HEH-DJN Document 56-2 Filed 12/07/20 Page 108 of 140 PageID# 515

Ver# 1080673

Fort Clin

Deliberate Indifference / Negligence
Endangerment of Contaminating Food Service
Area During Lunch & Dinner Preparation
Denied Right to Reputation

Footprint

6

Dept. of Corrections Operating Procedure
801.3 Managing Offenders
With Disabilities.



Virginia Department of Corrections

Offender Management and Programs

Operating Procedure 801.3

Managing Offenders with Disabilities

Authority:

Directive 801, *Facility Administration*

Effective Date: August 1, 2019

Amended:

Supersedes:

Operating Procedure 801.3, July 1, 2016

Access: Public Restricted
 Incarcerated Offender

ACA/PREA Standards:

5-ACI-2C-02, 5-ACI-2C-11, 5-ACI-2C-12,
 5-ACI-2C-13, 5-ACI-3D-04, 5-ACI-5E-02,
 5-ACI-5E-03, 5-ACI-6C-06, 5-ACI-7A-01,
 5-ACI-7B-10, 5-ACI-7D-13; 4-4133, 4-4142,
 4-4143, 4-4144, 4-4277, 4-4399, 4-4429, 4-4429-1,
 4-4448, 4-4475, 4-4497; 4-ACRS-5A-19,
 4-ACRS-6A-01-1, 4-ACRS-6A-04,
 4-ACRS-6A-04-1, 4-ACRS-6A-04-2,
 4-ACRS-6B-01; 2-CI-5A-1

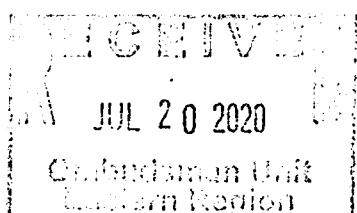
Content Owner:	Rose Durbin PREA/ADA Supervisor	<i>Signature Copy on File</i>	6/14/19
		Signature	Date
Reviewer:	Jermiah Fitz Jr. Corrections Operations Administrator	<i>Signature Copy on File</i>	6/17/19
		Signature	Date
Signatory:	A. David Robinson Chief of Corrections Operations	<i>Signature Copy on File</i>	7/1/19
		Signature	Date

REVIEW

The Content Owner will review this operating procedure annually and re-write it no later than three years after the effective date.

COMPLIANCE

This operating procedure applies to all units operated by the Virginia Department of Corrections. Practices and procedures must comply with applicable State and Federal laws and regulations, ACA standards, PREA standards, and DOC directives and operating procedures.



PURPOSE

This operating procedure provides guidelines for management of and provision of reasonable accommodations to offenders with disabilities housed in Department of Corrections (DOC) facilities. It describes levels of available services, methods by which assignments are made, and appropriate security measures for offenders with disabilities in accordance with the *Americans with Disabilities Act of 1990*, as Amended (42 U.S.C. §12101 et seq.) and the *Virginians with Disabilities Act (COV §51.5-1 et seq.)*.

PROCEDURE

I. Training and Responsibility

- A. All staff, contract staff, interns, and volunteers who regularly interact with offenders will receive instruction related to the provisions of accommodations for offenders with disabilities and the requirements of this operating procedure.
- B. All staff and contract staff must complete the mandatory *Americans with Disabilities Act (ADA)* on-line training, annually. Upon completion of the training, a copy of the certificate must be printed and submitted to unit training staff or the immediate supervisor for units without training staff.
- C. Upon arrival and during formal orientation, all offenders, to include those offenders who are transferred immediately to the infirmary or restrictive housing upon intake, will be informed of their right to non-discrimination on the basis of a disability and the process for requesting a reasonable accommodation as outlined in this operating procedure. (See Operating Procedure 810.1, *Offender Reception and Classification*, and Operating Procedure 810.2, *Transferred Offender Receiving and Orientation*.) (5-ACI-3D-04; 4-4277; 4-ACRS-6B-01)
 1. Each offender, upon arrival will be provided a copy of Attachment 1, *Notice of Rights for Offenders with Disabilities*, which includes the DOC ADA Coordinator's contact information.
 2. The facility *Orientation Manual, Packet*, and/or other written orientation materials must include the facility ADA Coordinator's name and contact information.
- D. Information on the nature and extent of an offender's disability and any reasonable accommodations related to the disability is considered protected health information. This information is confidential and will only be disclosed to staff as necessary to provide assistance to the offender or as authorized and/or permitted by the offender.

JUL 20 2020

E. ADA Coordinator

1. Staff and offenders have access to the DOC ADA Coordinator and a facility ADA Coordinator. (5-ACI-5E-03; 4-4429-1; 4-ACRS-6A-01-1)
 - a. The DOC ADA Coordinator is an appropriately trained and qualified individual, educated in the problems and challenges faced by offenders with physical and/or mental impairments, programs designed to educate and assist offenders with disabilities, and all legal requirements for the protection of offenders with disabilities.
 - b. The facility ADA Coordinator is trained by the DOC ADA Coordinator in mandated legal requirements regarding disability accommodations.
2. The DOC ADA Coordinator will serve as the authority on all issues related to offenders with disabilities, reasonable accommodations, and the application of this operating procedure.
3. The facility ADA Coordinator will review all offender requests for a reasonable accommodation and, in consultation with appropriate staff, make a determination on the request and maintain documentation of the facility accommodation process to include approvals, denials, and appeals.
 - a. The following requirements will be considered when making a determination for an accommodation:
 - i. The disability, as recognized by the ADA, must be known to the DOC.
 - ii. The accommodation must not pose an undue hardship on the facility or to the safety and



that an offender with a communication disability such as deafness that requires an in-person qualified interpreter or other auxiliary aids and services is being transported to them on an urgent basis. Notification will include the estimated time of arrival.

- c. For all offenders transported for offsite health care, a facility health care provider will ensure that the offender's communication disability and the need for an accommodation is documented on the *Offender Gate Pass* and recorded in the offender's Health Record.
- 4. A conspicuous notice of any communications disabilities (i.e. hard of hearing, speech impairment, language translation, vision impairment) must be noted on the Health Record of any offender whose disability affects their ability to communicate and an appropriate advisory regarding this disability must be provided to facility staff and designated in VACORIS.

III. Determination of Disability and Reasonable Accommodations

A. All offenders receive a medical and mental health screening by a qualified Health Care Provider or health trained staff in accordance with Operating Procedure 720.2, *Medical Screening, Classification, and Levels of Care*, and the *Nursing Guideline for Medical/Location Codes*.

- 1. Offenders must be afforded the opportunity to disclose their present and prior disabilities and needs and request an accommodation(s) for their disability during their medical and mental health screening. The qualified Health Care Provider will:
 - a. Question the offender regarding any previous accommodation(s)
 - b. Discuss modified or additional accommodations as appropriate
 - c. Make appropriate notations in the offender's Health Record.
- 2. When an offender arrives at a facility with an approved accommodation, medical equipment or an assistive device that presents any concerns, the Facility Unit Head, in consultation with the facility Medical Practitioner and ADA Coordinator, will make a decision regarding the removal of the item to minimize risk and provide alternate appropriate accommodations.
- 3. The facility Health Care Practitioner may consult with the facility ADA Coordinator and DOC ADA Coordinator, as needed to determine if a requested accommodation is within the scope of the ADA.

B. The facility Medical Practitioner, in consultation with qualified health care practitioners or specialists, and in conjunction with the affected offender, will diagnose any disability, not previously diagnosed.

- 1. After the initial medical screening and a comprehensive health appraisal are completed and the findings evaluated, offenders will be medically classified and assigned a location code.
- 2. The offender's medical classification code and location code should be reviewed during the intra-system transfer process, and any time a change of the offender's condition is identified to ensure it reflects the current medical status of the offender.
- 3. The facility Medical Practitioner will assign a medical/disability code, which indicates if the offender has an impairment that qualifies as a disability (i.e. legally blind, deaf, mobility impaired). This determination is based on the *Americans with Disabilities Act of 1990, as Amended* (42 U.S.C. §12101 et seq.) and *The Virginians with Disabilities Act (COV §51.5-1 et seq.)*.
- 4. The Health Authority or designee will assign the medical location code, which indicates the offender's requirements for physical accommodations and access to health care services.

C. After a disability is diagnosed, a qualified health care practitioner or specialist will determine the level of medical accommodation needed and provide appropriate medical treatment as is required by the offender's condition.

- 1. The facility Health Care Practitioner (i.e. physician, optometrist, dentist, psychology associate) will make a determination on the specific accommodation provided and will determine the type of auxiliary aid and/or service to be provided, considering the request of the offender with a disability, but the offender's request, although not determinative, is given priority. This information will be recorded in the offender's Health Record.

JUL 20 2020



3. If a medically prescribed accommodation poses an undue hardship on the facility or to the safety and security of the offender or any other person, the facility ADA Coordinator must notify a facility health care provider of the safety/security concerns so that the prescribed accommodation can appropriately modified.
- D. In determining whether an offender's disability or accommodation poses an undue hardship to the health or safety of themselves or others, the facility ADA Coordinator must make an individualized assessment based on reasonable judgment that relies on current medical knowledge or on the best available objective evidence to ascertain:
 1. Nature, duration, and severity of the risk
 2. Probability that the potential injury will actually occur
 3. Whether reasonable modifications of policies, practices, or procedures or the provision of auxiliary aids and services will mitigate the risk
- E. Any offender who believes, they were discriminated against because of their disability, or decides to appeal their *Accommodation Requests* may do so in accordance with Operating Procedure 866.1, *Offender Grievance Procedure*. Grievances of this type must be initially reviewed by the facility ADA Coordinator, who should consult with the Facility Unit Head and, ultimately, the DOC ADA Coordinator.

V. Housing for Offenders with Disabilities

- A. Facility staff will use information from the offender's *Classification Assessment* and the *Cell Compatibility Assessment* to determine appropriate housing and bed assignments for offenders with disabilities in accordance with Operating Procedure 425.4, *Management of Bed and Cell Assignments (Restricted)*. When necessary, single occupancy cells should be made available for offenders with severe medical disabilities. (5-ACI-2C-02; 4-4133)
- B. Offenders with disabilities will be housed in a manner that provides for their safety and security. Housing used by offenders with disabilities, is designed for their use and provides for integration with other offenders. Programs and services will be made accessible to offenders with disabilities who reside in the facility. (5-ACI-2C-11; 4-4142; 4-ACRS-6A-04)
 1. To the extent feasible, offenders with disabilities should be placed in general population settings. Offenders with disabilities requiring special health care and services will be placed in settings that provide health services appropriate to the offender's health needs.
 2. Offenders with disabilities should be housed in the most integrated setting appropriate to the needs of the individuals, unless it is deemed necessary to make an exception.
 - a. Offenders who require handicap accessible cells or beds will not be placed in inappropriate security classifications due to their disability.
 - b. Offenders with disabilities will only be placed in designated medical areas when necessary to provide medical care or treatment.
 - c. Offenders with disabilities will not be placed in facilities that do not offer the same programs as the facilities where they would otherwise be housed.
 - d. Offenders with disabilities will not be deprived of visitation with family members by placing them in distant facilities where they would not otherwise be housed; this does not preclude gathering groups of offenders with similar special needs (i.e. dialysis, geriatric, deaf and hard of hearing) into one or more locations where special resources can be provided to meet those needs.

C. Offenders Housed in the Infirmary

1. Offenders admitted to the infirmary may have access to one or more programs and services i.e., education, work, religious services, library access, and commissary, temporarily suspended as deemed appropriate by the facility Medical Practitioner based on the offender's medical condition and level of medical care needed.



G. Use of Force

1. Force may be used on offenders with disabilities in instances of justifiable self-defense, protection of others, protection of property, prevention of escapes, or to maintain or regain control as provided in Operating Procedure 420.1, *Use of Force* (Restricted).
2. When such use must be preceded by the provision of an appropriate warning, this warning must be communicated by means that offenders with communication disabilities can observe and understand.

DEFINITIONS OF TERMS USED IN THIS OPERATING PROCEDURE

ADA Coordinator - A Department of Corrections employee assigned to coordinate the Department's efforts to comply with and carry out its responsibilities under the provisions of Title II of the *Americans with Disabilities Act* to include the review of complaints alleging non-compliance with requirements of non-discrimination for offenders with disabilities and coordination of DOC's efforts to comply.

Auxiliary Aids and Services - Assistance provided through services, equipment, or modifications to provide equal access for disabled or impaired individuals to activities, programs, and privileges, these aids and services may include, but are not limited to:

- Qualified interpreters or other effective methods of making aurally delivered materials available to individuals with hearing impairments
- Qualified readers, taped texts, audio recordings, Brailed materials, large print materials, or other effective methods of making visually delivered materials available to individuals who are blind or have visual impairments
- Functional devices to increase mobility including but not limited to walkers, canes, crutches, and manual or powered wheelchairs for individuals with mobility impairments
- Acquisition or modification of equipment or devices and other similar services and actions

Communication Disability - Any impairment related to speech, language, and/or auditory processing; it includes hearing impairments, visual impairments, and cognitive impairments evidenced by an inability to speak, read, and/or understand written or oral communications of information provided at the facility.

Co-payment - The amount paid by the offender for health care service, treatment, prosthesis, or orthotic

Health Care Practitioner - A clinician trained to diagnose and treat patients, such as physician, psychiatrist, dentist, optometrist, nurse practitioner, physician assistant, and psychologist

Health Care Provider - An individual whose primary duty is to provide health services in keeping with their respective levels of licensure, health care training, or experience

Major Life Activities - Include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, toileting, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working

Medical Practitioner - A physician, nurse practitioner or physician's assistant

JUL 20 2020

Mobility Impairments - Inability to move about without the aid of a cane, splint, crutches, wheelchair, walker, or any other form of support or because of limited functional ability to ambulate, climb, descend, sit, rise, or perform any related function

Offender with a Disability - Any offender who has a physical or mental impairment that substantially limits one or more of their major life activities, has a record of such impairment, or is perceived as having such impairment

Physical or Mental Impairment - Any physiological disorder, or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological, musculoskeletal, special sense organ, respiratory (including speech organs), cardiovascular, reproductive, immune, digestive, genitourinary, hemic or lymphatic, skin and endocrine; or any mental or psychological disorder, such as mental retardation (Developmental Disorder), organic brain syndrome, emotional or mental illness, and specific learning disabilities. The phrase "physical or mental impairment" includes, but is not limited to, such contagious and non-contagious diseases and conditions as orthopedic, visual, speech, and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental



Case 1. WICAS

Vapt# 1000073

100% claim

Deliberate Indifference, Negligence
Indemnification of Contaminated Food
Food Service Area During
Break & Dinner Meal
Preparation Served To Population

Exhibit

~~Exhibit~~
7

U.S. Dept. of Veterans
Affairs Service
Connected Disabilities



BOARD OF VETERANS' APPEALS

DEPARTMENT OF VETERANS AFFAIRS

WASHINGTON, DC 20038

Date: June 14, 2018

SS 228 29 8166

CASEL F. LUCAS

Dear Appellant:

The Board of Veterans' Appeals (Board) has made a decision in your appeal, and a copy is enclosed.

<i>If your decision contains a</i>	<i>What happens next</i>
Grant	The Department of Veterans Affairs (VA) will be contacting you regarding the next steps, which may include issuing payment. Please refer to VA Form 4597, which is attached to this decision, for additional options.
Remand	Additional development is needed. VA will be contacting you regarding the next steps.
Denial or Dismissal	Please refer to VA Form 4597, which is attached to this decision, for your options.

If you have any questions, please contact your representative, if you have one, or check the status of your appeal at <http://www.vets.gov>.

Sincerely yours,

RECEIVED

Kimberly Osborne

JUN 24 2020

Deputy Vice Chairman

By: _____ GRIEVANCE OFFICE

Enclosures (1)

CC: Virginia Department of Veterans Services

RECEIVED
MAY 26 2020

BY: _____ GRIEVANCE OFFICE



BOARD OF VETERANS' APPEALS

DEPARTMENT OF VETERANS AFFAIRS

IN THE APPEAL OF
CASEL F. LUCAS
REPRESENTED BY
Virginia Department of Veterans Services

SS 228 29 8166
Docket No. 13-22 962

DATE: June 14, 2018

ORDER

Service connection for post-traumatic arthritis, left elbow, to include as due to Gulf War environmental exposures, is denied.

Service connection for right elbow strain, to include as due to Gulf War environmental exposures, is denied.

✓ Service connection for flexion contracture, distal interphalangeal (DIP) joint, right fifth finger, is granted.

○ Service connection for flexion contracture, DIP joint, left fifth finger, is granted.

Service connection for right ankle strain, to include as due to Gulf War environmental exposures, is denied.

Service connection for left ankle strain, to include as due to Gulf War environmental exposures, is denied.

Service connection for chronic fatigue syndrome (CFS), to include as due to Gulf War environmental exposures, is denied.

★ Service connection for recurrent upper respiratory infections is granted.

Service connection for a sleep disorder, to include as due to Gulf War environmental exposures, is denied.

★ Service connection for gastroesophageal reflux disease (GERD) is granted.

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MAY 26 2020
By: GRIEVANCE OFFICE
RECEIVED
JUN 24 2020
By: GRIEVANCE OFFICE

IN THE APPEAL OF
CASEL F. LUCAS

SS 228 29 8166
Docket No. 13-22 962

Service connection for genitourinary problems, to include as due to Gulf War environmental exposures, is denied.

Service connection for impotency, to include as due to Gulf War environmental exposures, is denied.

Service connection for amyotrophic lateral sclerosis (ALS), to include as due to Gulf War environmental exposures, is denied.

* Service connection for headaches is granted.

The appeal for an effective date earlier than August 25, 2010 for the grant of service connection for PTSD is dismissed.

REMANDED

Entitlement to service connection for patellofemoral syndrome, right knee, to include as due to Gulf War environmental exposures, is remanded.

* Entitlement to an initial rating in excess of 10 percent for posttraumatic stress disorder (PTSD) is remanded.

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JUN 24 2020
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JUN 24 2020

FINDINGS OF FACT

By: _____
GRIEVANCE OFFICE

1. The Veteran had active service in the Southwest Asia Theater of Operations during the Persian Gulf War.
2. The Veteran's left elbow pain has been linked to a diagnosis of post-traumatic arthritis, left elbow, and the preponderance of the evidence is against finding that his post-traumatic arthritis, left elbow, was manifested in service, within one year of his separation from service, or is due to a disease or injury in service, to include a specific in-service event, injury, or disease.

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IN THE APPEAL OF
CASEL F. LUCAS

SS 228 29 8166
Docket No. 13-22 962

been diagnosed with CFS or with any medically unexplained chronic multi-symptom illness. The existence of a current disability is the cornerstone of a claim for VA disability compensation. *See Brammer v. Derwinski, supra.* As such, without a current diagnosis, the Veteran lacks the evidence necessary to substantiate his claim for service connection. The Board acknowledges that the Veteran does appear to have experienced fatigue, particularly as a result of his difficulties sleeping, but that fact alone does not necessitate the diagnosis of CFS which requires a specific set of symptomatology beyond just fatigue.

5. Entitlement to service connection for recurrent upper respiratory infections.

The Veteran contends he has respiratory problems due to various exposures in Iraq during the Gulf War, including chemicals and toxins, and exposure to WMDs after the demolition of an arms facility. He also contends he has had recurrent upper respiratory infections, to include pneumonia, and bronchitis, requiring treatment, since his service in Desert Storm.

Service treatment records show that in April 1988, the Veteran was treated for asthmatic bronchitis, and in May 1988 he was hospitalized for acute respiratory disease.

On a VA examination in March 2011, the Veteran reported his respiratory condition had an onset in the 1990s, and that he had recurrent upper respiratory infections requiring treatment since Desert Storm. The diagnosis was recurrent upper respiratory infections, which the examiner indicated was, by VBA definition category # (2), a diagnosable but medically unexplained chronic multi symptom illness of unknown etiology. The examiner opined it was at least as likely as not the Veteran's recurrent upper respiratory infections were related to a specific exposure event he experienced during his service in Southwest Asia. The examiner noted that signs and symptoms that may be manifestations of both undiagnosed illnesses or diagnosed medically unexplained chronic multi-symptom illnesses include signs or symptoms involving the upper respiratory system.

As noted above, signs and symptoms which may be manifestations of medically unexplained chronic multi symptom illnesses include respiratory symptoms

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JUN 24 2020

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By: GRIEVANCE OFFICE

Carol F. Hicks

Sept 10 2013

Tort Claim

Deliberate Indifference, Neglectless
Endangerment of Contaminating the Food Service
Area During Lunch and Dinner Meals
Preparing and Served to Population

Food

~~Food~~

8

✓ DOC Medical Records of Chronic Care
✓ Illnesses, Diseases, and Military Disabilities
Request for VADOC

Chronic Disease Clinic Follow-Up
HAYNESVILLE CORRECTIONAL CENTER

Offender Name: LUCAS, CASELNumber: 1080673

List chronic diseases:

1) <u>HTN</u>	3) <u>COPD</u>	5) <u>BPH</u>
2) <u>DM-2</u>	4) <u>I.B.D</u>	6) <u>PTSD</u>

List current medications:

See MAR (attached)

Subjective: (Yes or No)

Asthma: # attacks in last month? <u>0</u>	Seizure disorder: # seizures since last visit? _____
# short acting beta agonist canisters in last month? _____	Diabetes mellitus: # of hypoglycemic reactions since last visit? _____
# times awakening with asthma symptoms per week? <u>0</u>	Any polyuria? _____ Any nocturia? _____ Any orthopnea? _____
Any wheezing? <u>N</u> Any night sweats? <u>0</u>	Weight loss/gain ↓↑ _____ #lbs _____
Any systemic steroids use? <u>N</u> Any hemoptysis? <u>N</u>	Palpitations? <u>N</u> Ankle or leg edema? <u>N</u>
CV hypertension (HTN): Chest pain? <u>N</u> SOB? <u>N</u>	
Any dizziness since last appointment? <u>N</u> Any foot problems since last appointment? <u>N</u>	
Any blurred vision? <u>N</u> Any claudication? <u>N</u> Any headaches? <u>N</u> Any nausea/vomiting? <u>N</u>	
Rashes/Lesions? <u>N</u> Any abdominal pain/swelling? <u>N</u>	Diarrhea? <u>N</u>

For all diseases, since last visit, describe new symptoms:

COVID-19 neg 8/14/2020Echo done: 8/21/2020: EF 68%Mild pulmonary regurg. Mild Tricuspid regurg. Mild (1) atrial enlargement.Possible outlet VSD.

Patient adherence (Y/N): with medications? Y with follow up appointments? Y with diet? Y
 Vital signs: Temp 98.6 BP 105/68 Pulse 61 Resp 18 Wt 203 PEFR _____ Pain scale _____

Past Labs: 95%
 Hgb A1C 7.5 BMP 6/2020 CMP 6/2020 INR _____ CD4 _____ Total Chol 90 LDL 30 HDL 40
 Trig 101 Hct 52.3 Hgb 16.9 AST 19 ALT 29 BUN 11 Creatinine 1.04
 Micro albumin _____ U/A wNL CBC 6/8 EKG 3/2020 wNL LFT _____
 Drug level: _____ Fibroscan score: _____

Range of fingerstick glucose: _____ BP monitoring range: 90 - 196 mg/dL90/68, 130/84.

Procedure:

Annual Funduscopic eye exam completed Yes No N/AAnnual dilated eye exam completed Yes No N/AAnnual foot exam completed Yes No N/A

E:

HEENT/neck: <u>NC/AT, EOMI, PERRLA, 0 bruits</u>	Extremities: <u>8 edema</u>
Heart: <u>5/+, S, No PMS</u>	Neurological: <u>CN2-12 grossly intact</u>
Lungs: <u>CTA BL</u>	GU/rectal: <u>defined</u>
Abdomen: <u>soft NT/ND, Bst</u>	Other: _____

Assessment Diagnosis:

	Degree of Control	Clinical Status				I	S	W	NA
		G	F	P	NA				
1 <u>HTN</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
2 <u>DM-2</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
3 <u>COPD</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
4 <u>BPH</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

COPY

Plan/Orders:

1080673

Medication: ✓Diagnostics/Procedures: MAR 2021: EKG ✓Labs: DEC: CBC, CMP, Lipids, HbA1c, B12, folate, UA, vit D, PSA. ✓Special needs: Acne Work Code _____ Administer Influenza vaccine Administer Pneumonia vaccine92 months

Monitoring: BP: _____ X day/week/month Accucheck: _____ X day/week/month Peak flow: _____

Offender questioned regarding presence of depression and suicidal thoughts while on seizure therapy? Yes No N/AEducation provided: Nutrition Exercise Smoking Test results Medication management Lab results Disease process

Referral: (list type & priority level): Specialist:

Days to next visit? 1 year 180 90 60 30 Other: _____

Additional information:

GTRD 11/14/2026LOC DMED A, 11, 12, 13, 4, 8A, 9MH 2

noted on
 11/14/20
 at 14:58

COPD

Provider Signature:

Adnan Huo

Date:

11/14/2020



1 copy

Health Services Complaint and Treatment Form

Facility: HAYNESVILLE CORRECTIONAL CENTER

Offender Name: Lucas Case 1 Number: 1080673

Last First

Signature and Title

Date/Time	Complaint and Treatment	
9/11/20 730P	Offender requesting renewal of D. Cerin and Visine. Chart to MD / NP.	Kylangford, RN
9/14/2020 618 Noted 9/20/2020 @ 04/0000 (L. Breda, RN)	Emollients are available in the commissary Memo + Visine tear drops, 2 drops ea eye BID x 90 days ERN	Admitted
9/21/2020 754 (date from 9/21/2020 Acceptable in notes)	Cats from 9/21/2020 Acceptable GP 09/28/20 11 AM	Admitted MR
10/1/2020 1515	Review Biotene Mouthspray 2 spray QD PRN Dry mouth S89 in APRN DNP-C await approval for non-formulary med. previously Rx Dental.	
10-2-2020 9A 193 1 97 18 157 79 72 952		
10/16/2020 0730	pt seen and evaluated for flu from pulmonology	
117/75 169 971 +189.16 @ 98.7 16	visit by telephone 9/10/2020 PFTs completed by specialist, reviewed med list and cument inhalers, discussed risk/benefits of meds. Review all notes from specialty noted request to add medication for allergy symptoms and Atrovent	
	tolAMa, TTE completed mild regurgitation EFCOS-70% obstructive COPD 1) Stop Atrovent & LAmA	
Noted Johnson 10-16-20 HP	Obstructive COPD 2) Start increase elliptical puff Inhaler QD X 90 days Allergic Rhinitis 1) Zyrtec long PO QD X 90 days ✓ CN: KNL, kenop CTABL Today ABD soft tenu Skin warm/dry + ROM P Cap refill 1/2sec S89 in APRN DNP-C	COPY
10/8/2020 1245	Emollients are available in commissary please bring receipts for eval of medical needs for Decin cream refill per 9/14/2020 note - S89 in APRN DNP-C	
	Noted 10/13/20 cep Kylangford, RN	



Health Services Complaint and Treatment Form

Facility: HAYNESVILLE CORRECTIONAL CENTER

Offender Name:

Lucas

Casey

Number: 1080673

Date/Time

Complaint and Treatment

Signature and Title

08/21/2020 2:50	2D Echo cardigan Done on site Uses Advair as directed Recent Advair 4.5g BID ✓ Flomax 0.05 3T BID ✓ Proscar 5mg qd ✓ Omnicef 500mg BID ✓ Cetora 10mg 0.1% HS Flomax 0.4mg qd P10max	HW 10/20/20 Hewy
9/1/2020 1050 Noted 9/1/2020 @ 11/20/2020 J. Baedke	Refill request received, please advise pt exiive spray, eye drops and lotion need to be purchased from commissary. 1) Senna Plus 1/4 PO QD PRN constipation x 30 tabs 2) Oystecal 1 tab PO QD x 90 days 3) Voltaren gel (1%) topain site (1/16 PRN MAX 16g x 3 tubes) 4) all others have valid Rx, need refills completed by pharmaoy. —————— Slevis APZN, DNP-C	CPA
9/1/2020 822 Noted 9/1/2020 J. Baedke	Labs from 9/3/2020 Acceptable * Red C, Ng, Trich vag ✓ 9/7/20 TIA	Admitting

COPY



Health Services Complaint and Treatment Form

Facility: HAYNESVILLE CORRECTIONAL CENTER

Offender Name:

Lucas Casey Number: 1080673

Last

First

Date/Time	Complaint and Treatment	Signature and Title
8/17/20 10:00 AM	Pulse funds test of 8/6/20 - acceptable Note: No temp 8/17/20 10:00 AM	Deon [Signature]
8/11/20 2:30 PM	To nose DFT feels pretty good & 97.9 96.3 used nasal spray (lots of help today) 99P 114/86 sinus & epistaxis + inhaler (cold coffee) Not exercising but glass & walk NAD 8/10/20 2:30 PM sinus & epistaxis Hs: clear full nasal, & prolonged expir. Sputum: no gas exposure Will avoid severe heat, overexertion use alcohol continuously & Xanax for also, at request STD screen 8/11/20 Doctor TV screen, RPR, Chlamydia & Trichomonas	Deon [Signature]
8/12/20 1350	8/4/2020 Labscreen for COVID negative Note: No temp 8/12/20 1350 AM acceptable lab	8/4/2020 APRN, DNP-C 5P
8/18/2020 0900	Pt seen to release Quarantine. no S/s of COVID G57. 97.8 T	8/18/2020 0900 AM 2nd visit
114/76 HR 68	Notemp 14 days complete release from quarantine Isolation no longer needed, Neg COVID screen - Sphm APRN, DNP-C	8/18/2020 0900 AM 2nd visit
8/18/20 1350pm	Spoke w/ Sgt Young in RHC concerning release	Deon [Signature]

COPY
Revision Date: 2/23/07



Health Services Complaint and Treatment Form

Facility: HAYNESVILLE CORRECTIONAL CENTER

Offender Name: LUCAS CASEL Number: 1080673
Last First

Date/Time	Complaint and Treatment	Signature and Title
7/23/2020 9409 99.3, 94, 96% 18,153/91	Pt seen and screened for symptoms of COVID s/p med run. Pt has been in medical isolation since his run. Denies all symptoms of COVID-19 CHS: S, TS Lungs: CTARI A+P) Asymptomatic	
	* Release back to compound	<u>Adams</u> <small>ms</small>
7/27/2020 951	* Renew Amlodipine 10mg PO qday x 180 days * Renew Xygepex 45mcg 5puffs qid PRN SOB x 180 days * Renew Atorvast 10mg po qatff qid PRN SOB x 180 days * Renew Atenolol 50mg PO BID x 180 days	<u>Adams</u> <small>ms</small>
7/29/2020 1355	Reviewed results CXR dated 7/28/2020 - no acute finding - Acceptable	<u>Splain APRN, DNP-C</u>
7/29/2020 2000	Offender requesting renewal of Senna plus. Chart to MD/NP.	<u>Blyangford, RN</u>
7/30/2020 1300	Per Docx consult of 7/1/20 - advised Clinda gel, no additional lotions (Schori?) 14 days in the 185 visit in length & occasional soreness & R/s Senna plus 2 po q2pm x 30d ✓ ok.	<u>Adams</u> <small>ms</small>
8/4/2020	Ey. Exam Today	<u>Adams</u> <small>ms</small> <i>Cor</i>



**VIRGINIA
DEPARTMENT OF CORRECTIONS**

Health Services Complaints and Treatment Form 720_F17_7-12

Health Services Complaint and Treatment Form

Facility: HAYNESVILLE CORRECTIONAL CENTER

Offender Name:

Lucas

last

Casel

First

Number: 1080673

Date/Time	Complaint and Treatment	Signature and Title
7/20/20 2pm	Notes from Palm & Dem reviewed Palm on 7/16/20 = ? COVID Schedule PFTs & COVID test ordered, SVR & Translators seen Treasured Omprazole 20mg BID x 7 days Keep Palm appt. 1/20/20 Dem - 3 nipples - hyperpigmented possibly 2 warts folliculitis - Cleanse Cleistomax Pro gel qd No follow up Dem	
1/20/20		<i>Lever, MD</i>
7/21/20 1000 9:30 87 9:45 120 15 Noted 1/21/20 1/21/20 1/21/20	Reviewed Palm & Dem concerns. Discussed need for outpatient testing (PFT, transltor also at hospital. On patient's address will inquire about palm telene Review and new orders. No anomalies finding on Dem eval. All questions answered.	<i>Lever, MD</i>
		<i>COPY</i>

copy



Health Services Complaint and Treatment Form

Facility: HAYNESVILLE CORRECTIONAL CENTER

Offender Name:

Lucas

Casey

Number: 1080673

Date/Time	Complaint and Treatment	Signature and Title
7/15/20 11:30 AM	Please verify if ingrown toenail of 5/26/20 has resolved. VCM Done apptg 7/15/20 → uneven complexion of unknown etiology. Advised Clind 1% gel/pad B10pm w/ following by Derm sealed. Confirmed darkened beard area, low back & anterior chest - excoriated. Open w/ Derm's application rather than freezing. Rx Clind 1% gel & B10pm x 60. Rx Dimeges 145mg qd.	
7/15/20 11:30 AM	Pending Optometry Pulm consult. <i>Levitt, M</i>	
7/16/20 2020	Telephone Apppt w/ Dr Mytinder 1046AM pulmonary clinic in Dr mytinder orders chest CT, PFT's ↑Prilosec to 600 Cardiac US. Hold off on chest CT until PFT's results are available — <i>Levitt, M</i>	
2/16/20 11AM (VS yesterday) Accepted	Toenail assessment had ingrown toenail but excised qd & treated on own "It's healed." Blisters all 10 toenails, 2 ingrown, others peeling, & turned on selves. No toe for foot - WNL Above Pulm recommendations acceptable	<i>Levitt, M</i>



Patient Report

Specimen ID: 247-245-0730-0
Control ID: TSJ45311290

Acct #: 45311290

Phone: (804) 333-3577

Rte: 05

LUCAS, CASEL

Haynesville Correctional Ctr
PO Box 129
Haynesville VA 22472

Patient Details

DOB: 08/08/1969
Age(y/m/d): 051/00/26
Gender: M
Patient ID: 1080673

Specimen Details

Date collected: 09/03/2020 0000 Local
Date received: 09/03/2020
Date entered: 09/03/2020
Date reported: 09/05/2020 1135 ET

Physician Details

Ordering: L LEVIN
Referring:
ID:
NPI: 1679545792

General Comments & Additional Information

Total Volume: Not Provided

Fasting: Yes

Ordered Items

HIV Ag/Ab with Reflex; RPR; Request Problem

TESTS	RESULT	FLAG	UNITS	REFERENCE	INTERVAL	LAB
HIV Ag/Ab with Reflex						
HIV Screen 4th Generation wRfx	Non Reactive			Non Reactive		01
RPR	Non Reactive			Non Reactive		01
Request Problem						
	No specimen received.					01
TEST:	183160 Ct, Ng, Trich vag by NAA					

01 BN LabCorp Burlington
1447 York Court, Burlington, NC 27215-3361

Dir: Sanjai Nagendra, MD

For inquiries, the physician may contact Branch: 800-873-7251 Lab: 800-762-4344

I COPY**VCU Medical Center**Printed: 10/8/20 10:44 AM
By: HAYES (REFH015), BRITNEY**Pulmonary OP Estab Visit****LUCAS, CASEL**

Age: 51Y Gender: M DOB: 08/08/1969 MRN: 4369269 Phone: 8043333577

Date/Time 09/10/20 10:45am Author MYTINGER, ANDREA Status Preliminary Source VCUHLS

PCP:MATHEW MD, ALEXANDER

Visit conducted via telephone in light of COVID-19 pandemic. Haynesville Correctional Center. 804-250-4136

Reason for Follow Up: dyspnea on exertion, reactive airways disease

CC: I'm feeling better.

HPI: 51 yo male with ho HTN, GERD, allergic rhinitis, and reactive airways disease in the setting of multiple military gas inhalational exposures who is scheduled for follow up. last seen by me 7/16 with plan to obtain PFTs and better control GERD, PPI increased to BID dosing. since last visit, patient is feeling better. states his chest isn't as tight as it used to be. breathing is improved though still having to use inhalers (xopenex and atrovent) at least 3 times daily. still with nasal congestion. congestion is daily. using nasal spray (saline and flonase). also taking singulair. has never been on allergy pill.

increase in PPI dosing has helped with acid reflux and dyspnea.

Social History:

direct exposure to burn pits and saren gas with chemicals to make mustard gas x 3 times monthly.

destroying weapons of mass destruction, without masks as the time, exposed to mustard gas, saren gas

updated smoking history: occasional marijuana, smoked 6 years, a pack would last around 3 days at least.

ROS: Complete systems review performed, please see HPI for pertinent positives and negatives

Medical History:

- Problem List (Active Medical Only) This information was current as of 09/10/20 @ 10:46:00.

Active:

- BP+ - Hypertension
- DM - Diabetes mellitus
- Pain with urination
- Urinary frequency
- Urinary hesitancy
- reactive airways disease
- allergic rhinitis

Home Medications This information was current as OF 09/10/20 @ 10:57:00.

Prescriptions Documented Meds By Hx:

- amlodipine(Hx): 10 mg, PO, daily
- atenolol(Hx): 50 mg, PO, twice daily
- bisacodyl (bisacodyl 5 mg oral delayed release tablet)(Hx): 5 mg, PO, daily
- calcium carbonate (Oyster Shell 500 (1250 mg calcium carbonate) oral tablet)(Hx): 1,250 mg, PO, daily
- chlorothalidone (chlorthalidone 25 mg oral tablet)(Hx): mg, PO, daily
- diclofenac topical (diclofenac 1% topical gel)(Hx): 4 g, Topical, four times daily, as needed, as needed for pain
- docusate-senna (Senna Plus)(Hx): PO, bedtime
- duloxetine(Rx): 60 mg, PO, daily
- emollients, topical (DermaCerin topical cream)(Hx): 1 application, Topical, twice daily
- emollients, topical (Hydrocerin)(Hx): Topical
- finasteride(Hx): 5 mg, PO, daily
- fluticasone nasal(Hx): Nasal, daily
- fluticasone-salmeterol (Advair HFA 45 mcg-21 mcg/inh inhalation aerosol)(Hx): Inhalation, twice daily
- fluticasone-salmeterol (Advair HFA 45 mcg-21 mcg/inh inhalation aerosol)(Rx): 2 PUFF, Inhalation, twice daily
- gabapentin(Hx): 200 mg, PO, twice daily
- gabapentin (gabapentin 100 mg oral capsule)(Rx): 200 mg, PO, four times daily
- glipizide(Hx): 5 mg, PO, twice daily

COPY

VCU HEALTH SYSTEM

Name: LUCAS, CASEL	ID: 4369269	BSA: 2.08	Date: 08/06/2020
Tech: Sandiford, Michelle	Height: 72.00	Age: 50	DOB: 08/08/1969
Doctor: ADULT PULM CONSULT	Weight: 188.00	Sex: Male	Race: Black

Diagnosis: R06.0

Tbco Prod:

Yrs Smk:

Pks/Day:

Yrs Quit:

Medications:

Pre Test Comments:

Post Test Comments: Inconsistant patient effort and cooperation ; results did not meet ATS criteria for acceptability and repeatability. Post-bronchodilator completed after 2.5 mg albuterol nebulized. Inspiratory volume < 90% VC on DLCO attempted mesurement not reportable .

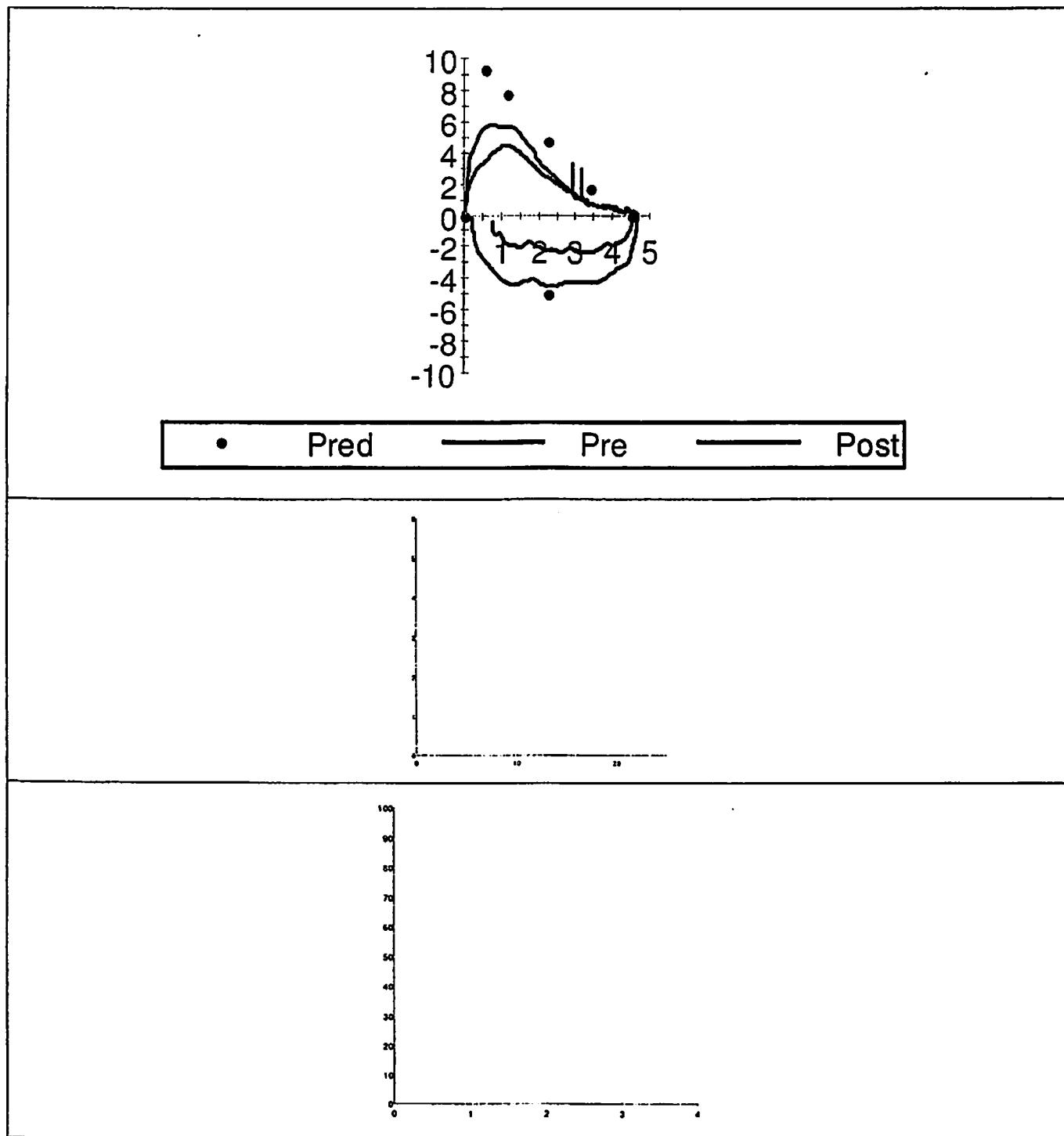
	Pre-Bronch			Post-Bronch		
	<u>Actual</u>	<u>Pred</u>	<u>% Pred</u>	<u>Actual</u>	<u>% Pred</u>	<u>% Chng</u>
---- SPIROMETRY ----						
FVC (L)	4.68	4.50	103	4.57	101	-2
FEV1 (L)	3.16	3.60	87	2.97	82	-6
FEV1/FVC (%)	68	80	84	65	81	-3
FEF 25% (L/sec)	5.66	7.82	72	4.44	56	-21
FEF 50% (L/sec)	2.63	4.73	55	2.25	47	-14
FEF 75% (L/sec)	0.65	1.69	38	0.58	34	-11
FEF 25-75% (L/sec)	1.88	3.53	53	1.68	47	-10
FEF Max (L/sec)	5.72	9.33	61	4.44	47	-22
FIVC (L)	4.48			3.79		-15
FIF Max (L/sec)	4.56			2.43		-46
FIF 50% (L/sec)	4.54	4.98	91	2.24	44	-50
Expiratory Time (sec)	7.03			6.37		-9
---- LUNG VOLUMES ----						
SVC (L)	5.03	4.49	112			
IC (L)	1.53	2.96	51			
ERV (L)	3.49	1.53	228			
TGV (L)	5.34	3.53	151			
RV (Pleth) (L)	1.84	2.00	92			
TLC (Pleth) (L)	6.87	6.48	105			
RV/TLC (Pleth) (%)	27	30	90			
Trapped Gas (L)						

Post-Test Comments:

Inconsistant patient effort and cooperation ; results did not meet ATS criteria for acceptability and repeatability. Post-bronchodilator completed after 2.5 mg albuterol nebulized. Inspiratory volume < 90% VC on DLCO attempted mesurement not reportable .

VCU HEALTH SYSTEM

Name: LUCAS, CASEL	ID: 4369269	BSA: 2.08	Date: 08/06/2020
Tech: Sandiford, Michelle	Height: 72.00	Age: 50	DOB: 08/08/1969
Doctor: ADULT PULM CONSULT	Weight: 188.00	Sex: Male	Race: Black



VCU HEALTH SYSTEM

Name: LUCAS, CASEL	ID: 4369269	BSA: 2.08	Date: 08/06/2020
Tech: Sandiford, Michelle	Height: 72.00	Age: 50	DOB: 08/08/1969
Doctor: ADULT PULM CONSULT	Weight: 188.00	Sex: Male	Race: Black

Spirometry reveals mild obstructive lung disease. Lung volumes are within normal limits. The flow volume loop indicates obstructive lung disease. Interpret with caution given the patient's difficulty with performance of pulmonary function studies.

Alpha A. Fowler, III, MD, #8510

««This interpretation has been electronically signed: Fowler, Alpha 08/10/2020 02:52:52 PM»»

VCU Medical Center

Printed: 10/19/20 11:20 AM
By: HAYES (REFH015), BRITNEY

CV: Echo Transthoracic-Adult

LUCAS, CASEL

Age: 51Y Gender: M DOB: 08/08/1969 MRN: 4369269 Phone: 8043333577

Date/Time 10/16/20 02:14pm Author MYTINGER, ANDREA Status Auth (Verified) Source VCUHL7

VCU Medical Center
1200 E. Marshall Street
Richmond, VA 23298
Phone: 804-828-9986

Transthoracic Echocardiography Report

Name: LUCAS, CASEL Study Date: 10/16/2020 02:14 PM

Attending Physician: MYTINGER,

ANDREA Accession#: AH2026003

MRN: 4369269 Patient Location: KAHS...VCUHS

DOB: 08/08/1969 Gender: Male

Age: 51 yrs BP: 129/93 mmHg

Height: 71.5 in Weight: 201 lb

BSA: 2.1 m2

Heart Rate: 58

Reason For Study: Dyspnea

History: Hypertension, diabetes mellitus

PROCEDURE

Procedure(CPT Code): TTE Complete (93306-26) 2D with Doppler and Color Flow:
No add on codes required).

Interpretation Summary

Normal left ventricular dimensions with normal segmental function, ejection fraction, global longitudinal strain, and diastolic function.

The right ventricle is normal in size and function with mildly elevated systolic pressure.

Normal valves.

Normal atrial and inferior vena caval dimensions.

BH

LEFT VENTRICLE

Normal left ventricular dimensions with normal segmental function, ejection fraction, global longitudinal strain, and diastolic function. LV ejection fraction = 60%.

RIGHT VENTRICLE

The right ventricle is normal in size and function.

COPY

LEFT ATRIUM

The left atrial size is normal.

RIGHT ATRIUM

VCU Medical Center

Printed: 10/19/20 11:20 AM
By: HAYES (REFH015), BRITNEY

CV: Echo Transthoracic-Adult

LUCAS, CASEL

Age: 51Y Gender: M DOB: 08/08/1969 MRN: 4369269 Phone: 8043333577

Date/Time 10/16/20 02:14pm Author MYTINGER, ANDREA Status Auth (Verified) Source VCUHL7

IVC Diam.: 1.4 cm RA ESA: 14.4 cm² LA A4Cs: 15.7 cm²

LA ESV (MOD-BP): LA volume MOD BP Indexed:

44.0 ml

20.7 ml/m²

Time Measurements

Aortic R-R: 1.0 sec

Aortic HR: 59.0 BPM

Doppler Measurements & Calculations

MV E max vel: 46.2 cm/sec MV dec slope: 145.5 cm/sec² Ao V2 max: 89.5 cm/sec

MV A max vel: 39.9 cm/sec MV dec time: 0.32 sec Ao max PG: 3.0 mmHg

MV E/A: 1.2 Ao V2 mean: 62.2 cm/sec

Ao mean PG: 1.8 mmHg

Ao V2 VTI: 19.5 cm

AVA(I,D): 3.1 cm²

AVA(V,D): 3.2 cm²

LV V1 max PG: 2.0 mmHg CO(LVOT): 3.5 l/min TR max vel: 278.3 cm/sec

LV V1 mean PG: 1.0 mmHg SV(LVOT): 60.1 ml TR max PG: 31.3 mmHg

LV V1 max: 71.1 cm/sec

LV V1 mean: 47.2 cm/sec

LV V1 VTI: 15.0 cm

AV VR: 0.79 MV P1/2t-pr.: 93.0 msec RV S Vel: 9.4 cm/sec

AVA(VTI)/BSA: 1.5

MV LAT E': 10.3 cm/sec MV LAT E/E': 4.5 MV MED E': 8.8 cm/sec

MV MED E/E': 5.2

COPY

Electronically Signed By:

Walter Paulsen, MD on 10/17/2020 03:52 PM

Performed By: Cara Martin

MRN: 4369269

Please click on link to see image.

VCU Medical Center

Printed: 10/19/20 11:20 AM
By: HAYES (REFH015), BRITNEY

CV: Echo Transthoracic-Adult

LUCAS CASEL

Age: 51Y Gender: M DOB: 08/08/1969 MRN: 4369269 Phone: 8043333577

Date/Time 10/16/20 02:14pm Author MYTINGER, ANDREA Status Auth (Verified) Source VCUHL7

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ORDER Performed By: ANDREA KATHERINE MYTINGER 20201016141446 is COMPLETED

PERFORM Performed By: WALTER H.J. PAULSEN 20201016141446 is COMPLETED

VERIFY Performed By: WALTER H.J. PAULSEN 20201016141446 is COMPLETED

Author: MYTINGER, ANDREA

CV: Echo Transthoracic-Adult

RON

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VCU Medical Center

Printed: 10/8/20 10:44 AM
By: HAYES (REFH015), BRITNEY

Pulmonary OP Estab Visit

LUCAS CASEL

Age: 51Y Gender: M DOB: 08/08/1969 MRN: 4369269 Phone: 8043333577

Date/Time 09/10/20 10:45am Author MYTINGER, ANDREA Status Preliminary Source VCUHL7

>>allergic rhinitis: still with daily rhinitis. on singulair, ocean nasal spray and singulair. please add on anti-histamine such as cetirizine or equivalent.

RTC 4 months.

Discussed with Dr. Fowler, pulmonary attending.

Andrea Mytinger, DO
Pulmonary/Critical Care Fellow

=====

PERFORM Performed By: ANDREA KATHERINE MYTINGER 20200910110018 is COMPLETED
MODIFY Performed By: ANDREA KATHERINE MYTINGER 20200910110555 is COMPLETED
SIGN Performed By: ANDREA KATHERINE MYTINGER 20200910112836 is COMPLETED
MODIFY Performed By: ANDREA KATHERINE MYTINGER 20200910112836 is COMPLETED

Author: MYTINGER, ANDREA
Pulmonary OP Estab Visit

COPY

VCU Medical Center

Printed: 5/29/20 12:52 PM
By: KING (REFH015), BRANDY

Urology Procedure Note

LUCAS, CASEL

Age: 50Y Gender: M DOB: 08/08/1969 MRN: 4369269 Phone: 8043333577

Date/Time 09/04/19 04:03pm Author HAMPTON MD, LANCE Status Auth (Verified) Source VCUHL7

Urology Clinic Procedure

| LUCAS, CASEL |PROCEDURE DATE: September 04, 2019 ||

| DOB: 08/08/1969|||

| MRN: 4369269|||

ATTENDING: Lance J. Hampton, MD

HISTORY: Mr. Lucas is a 50-year-old man, who is an inmate, who was sent to me by Regina Foster for cystoscopy for microscopic hematuria and also for rule out stricture because of his history of STDs and his urethral discomfort, and difficulty urinating. After obtaining informed consent, he was taken to the procedure room, prepped and draped in usual sterile fashion. Flexible cystourethroscopy was performed. This revealed no abnormalities of bladder mucosa, tumors, lesions, or stones. The urethra was normal. He has mildly enlarged bilobal hyperplasia of the prostate. He tolerated the procedure without any difficulty or complications and was discharge in stable condition. He will follow up as needed.

Lance J. Hampton, MD
Chairman, Division of Urology
Barbara and William Thalhimer Professor of Urology
VCU Medical Center
PO Box 980118
Richmond, VA 2329
(Ph): 804-828-9331
(Fax): 804-828-2307
(Email): lhampton@mcv.vcu.edu

LJH/MedQ D09/04/2019 T09/04/2019 R
J267609/852972160

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PERFORM Performed By: LANCE J HAMPTON 20190904184752 is COMPLETED
TRANSCRIBE Performed By: MEDRITE-RTF CONTRIBUTOR_SYSTEM 20190904184400 is COMPLETED
SIGN Performed By: LANCE J HAMPTON 20190906112724 is COMPLETED
VERIFY Performed By: LANCE J HAMPTON 20190906112724 is COMPLETED

Author: HAMPTON MD, LANCE
Urology Procedure Note

VCU Medical Center

Printed: 5/29/20 1:11 PM
 By: KING (REFH015), BRANDY

Urology OP Estab Visit**LUCAS, CASEL**

Age: 50Y Gender: M DOB: 08/08/1969 MRN: 4369269 Phone: 8043333577

Date/Time 05/01/20 10:16am Author FOSTER PA, REGINA Status Auth (Verified) Source VCUHL7

VCU HEALTH SYSTEM

MCV HOSPITALS AND PHYSICIANS

Richmond, Virginia 23298

UROLOGY ESTABLISHED VISIT NOTE

NAME: LUCAS, CASEL

DOB: 08/08/1969

MRN: 4369269

VISIT DATE: May 01, 2020

ATTENDING: G/U, SURG

COLLABORATING PHYSICIAN: Lance J. Hampton, MD

REASON FOR VISIT: BPH.

HISTORY OF PRESENT ILLNESS: Mr. Lucas is a 50-year-old incarcerated gentleman with a past medical history of an enlarged prostate and lower urinary tract symptoms. He has had an STI many years ago, while he was in the Military and he believes that all his symptoms started after that, despite being told many times that with his age an enlarged prostate that is likely contributing to some of his symptoms. The patient still believes that a lot of this started as a result of the STI he obtained. He has had significant improvement. However, on Flomax, finasteride, and oxybutynin, on his irritative and obstructive symptoms, he gets up about 3 times at night which is a great improvement because he was getting up about every 20 to 30 minutes before starting on medication, and the oxybutynin helped him even more. He is still getting postvoid incontinence, and he states that is not just a trickle when he thinks he has done, he pulls up his garments, and he soaks completely. This is significantly in fact affecting his quality of life and the patient states that he is possibly interested in surgical intervention.

SOCIAL HISTORY: He is still incarcerated.

REVIEW OF SYSTEMS: A complete review of systems is done and negative except per HPI.

PHYSICAL EXAMINATION: Physical exam not done because this is a telemedicine service.

PERSONAL REVIEW OF LABS: Most recent PSA was back in July of last year, it was 0.7.

ASSESSMENT AND PLAN: This is a 50-year-old incarcerated gentleman found to have an enlarged prostate on a cystoscopy. He has lower urinary tract symptoms that did improve with Flomax, finasteride, and oxybutynin but he continues to get up about 3 times a night which is not as bothersome as the postvoid incontinence that he is still experiencing. He feels that is affecting his quality of life significantly and is hoping that surgical intervention may resolve those symptoms. He had a scope again back in September, so we probably should repeat that maybe this coming September or October at least a year from the previous one to see what type of growth he may have had and at that point, we can determine if he is a candidate for a photovaporization of the prostate.

I personally spent about 15 minutes providing above services or telemedicine and I explained the patient expressed an understanding that this was in place of an in-person visit. Date of the call was 05/01/2020. I did send a message to our clerical team asking that they mail his VA paperwork that I filled out a few months ago to the patient's facility directly as he stated that he needs that information.

Regina C. Foster, PA

VCU Medical Center

Printed: 5/29/20 12:52 PM
By: KING (REFH015), BRANDY

Urology OP Estab Visit

LUCAS, CASEL

Age: 50Y Gender: M DQB: 08/08/1969 MRN: 4369269 Phone: 8043333577

Date/Time 01/03/20 11:57am Author FOSTER PA, REGINA Status Auth (Verified) Source VCUHL7

PERFORM Performed By: REGINA C FOSTER 20200103132702 is COMPLETED

TRANSCRIBE Performed By: MEDRITE-RTF CONTRIBUTOR_SYSTEM 20200103131900 is COMPLETED

SIGN Performed By: REGINA C FOSTER 20200103155826 is COMPLETED

MODIFY Performed By: REGINA C FOSTER 20200103155826 is COMPLETED

VERIFY Performed By: REGINA C FOSTER 20200103155826 is COMPLETED

Author: FOSTER PA, REGINA

Urology OP Estab Visit

VCU Medical Center

Printed: 05/29/20 12:53PM
 By: KING (REFH015), BRANDY

CT: Abd/Pelvis (urography) w/o**LUCAS, CASEL**

Age: 50Y Gender: M DOB: 08/08/1969 MRN: 4369269 Phone: 8043333577

Date/Time 08/07/19 12:22pm Status Auth (Verified) Source VCUHL7

CT: Abd/Pelvis (urography) w/o

Procedure: CT: Abd/Pelvis (urography) w/o

Reason For Study: Hematuria

Ordering Physician: FOSTER PA, REGINA C

Abdomen pelvis CT scan without and with IV contrast material and CT urogram dated 8/2/2019

COMPARISON: None.

TECHNIQUE: CT scans were obtained throughout the abdomen and pelvis without oral contrast material and initially without intravenous contrast material. Scans were then repeated following uneventful intravenous administration of 150 mL of Omnipaque 300. Delayed images through the abdomen and pelvis were also obtained. Sagittal and coronal reconstructions as well as the reconstructed 3-D urogram image was also obtained and submitted.

FINDINGS: Limited imaging of the lung bases showed no abnormality. The heart size was normal. The liver was normal in size with no focal defects. The gallbladder, pancreas, and spleen all had a normal appearance.

The adrenal glands were normal. Both kidneys were normal in size with no perinephric soft tissue stranding. No radiopaque calculus was noted. There were bilateral subcentimeter cortical hypodensities, too small to characterize but likely small cysts. Excretory phase imaging showed the ureters and bladder to be normal. The calyces had brush border throughout consistent with medullary sponge kidney. There was an enlarged prostate gland indenting the bladder base.

The abdominal aorta showed minimal scattered calcifications with scattered calcifications in the common iliac arteries. There was no evidence of aneurysm.

A small hiatal hernia was noted. The stomach, small bowel, and colon had a normal appearance aside from the presence of sigmoid and descending colon diverticulosis.

Images the pelvis showed a moderately enlarged prostate gland indenting the bladder base. The seminal vesicles were normal.

The bony structures showed minimal degenerative osteophytes the lumbar spine with no suspicious osseous lesion.

Conclusions:

1. No evidence of mass, calculus, or hydronephrosis. Kidneys normal in size. Bilateral subcentimeter cortical hypodensities, too small to characterize but likely small cysts.
2. Brush border appearance of calyceal cups, consistent with medullary sponge kidney.
3. Moderate enlargement of prostate gland indenting the bladder base. Bladder otherwise normal.
4. Small hiatal hernia.
5. Diverticulosis

Dictated By: Mary A. Turner

Electronically Verified by: Mary A. Turner 8/7/2019 12:22 PM